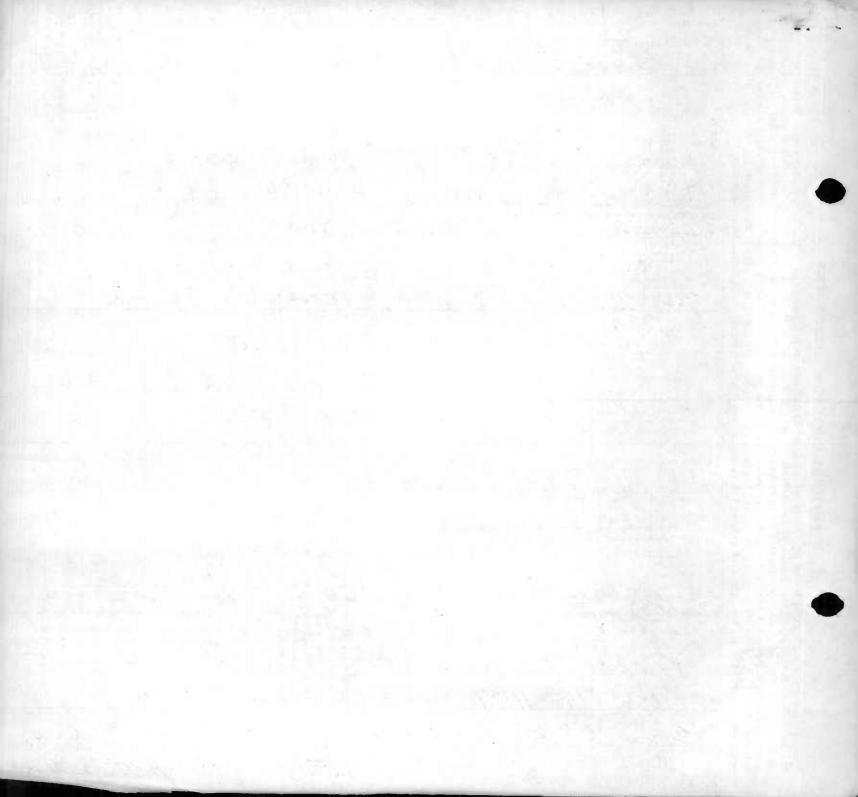
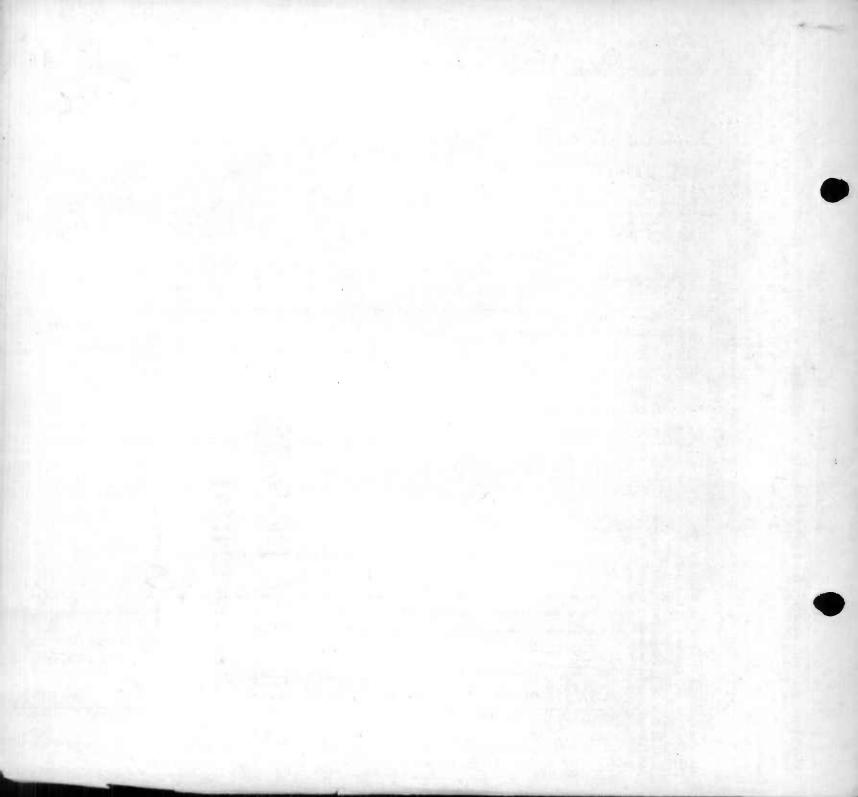


				BALTIMORE CIT	IT HEALIH DEP	DKIME III		OF I	0000
BIRTH NO.	65	6002	/	CERTIFICA	ATE OF D	PEATH R.	gistered No	60 1	600S
M.E. CASE	NO. F DECEASED			. /2		2. DATE AND HO	IP OF DEATH		
(Typo or Prin	nt) DA	. 1 ~	PALL	Laules	1.00		4	- 11	20 0
3. PLACE O	OF DEATH IN	ALTIMORE M	LARYLAND /	e Mulice	4. USUAL RES	IDENCE (Where doco	S-65	tution: rosidenco	before admission
			l		A. STATE	B. COUNTY		1.1	
FULL NA		f not in hospita ddress or local	of or institution, g	ive street	ma	ryland		44	
INSTITUT		duress of locon	1011/		C. CITY OR TO	DWN / ()f outside ci	ty limits, write RUF	RAL ond givo k	ownship)
/		- 1	11	-1	Se	vern,		000	1-00
1/1	river	Mity	Hospis	Tal	D. STREET AD	TORESS (II rurol, gi	ive location)		
		-4	000 100		Rou	de 3 B	OX 3		
5. SEX	6. RACE			NEVER MARRIED DIVORCED (specify)	8. DATE OF BI			If Under 1 Yr. Nonths: Doys	If Under 24 H Hours Min.
YY	1	W		m	2-12	-1896 ost of	69		
				BUSINESS OR INDUST	Y 11. BIRTHPLAC	E (Stoto or foreign cou	ntry)	12. CITIZEN OF	INTDV2
done during n	most of working li	ie, even if relifed	C.	10 m	~	nd		115	4
13. FATHER	SNAME	~	Jour	1 Security	14. MOTHERS	MAIDEN NAME		VV13,	14.
7			0 . '	/	A	4	0 1		
- t	ranc	is d	Lawre	uce	A	ine Apr	sleby		
15. Was Doc	ceased Ever in	U. S. Armod F	orces?	16. SOCIAL SECURITY NO.	17. INFORMAN	T	2	ADDRE	SS
TUIN) FAI	11/ 1		7	1	ospital	L Rec	and a	
18.	1///	VVI		CAUSE	OF DEATH	1.00	- 1000	INTERV	AL BETWEEN
1 4	DISEASE OF S	ONDITON	NECTIV	0.000					AND DEATH
	DISEASE OR C LEADIN	IG TO DEATH		Ca	rdia.	MANDAT	_		
(This d	does not mean	n the mode	of dying, e.g.,	DUE TO	74000	www			
	ailure, asthenic or complication		ns the diseose,		-		0	1	0
1111017		DENT CAUSI		(B) acc	ule cov	mary OC	clusin	N 3	hro
				DUE TO	_		The control of the co		
			ony, giving stating the	(C) A	SCIPD	- PTT)		
	RLYING CON		. July	(6)	XX	J V V	4		
		11							
OTHER		CONDITIONS	CONTRIBUTING						
DISEAS	HE DEATH SE OR CONDIT	BUT NOT RE	LATED TO THE						
	TE OF OPERAT		NOTION FOR WERFORMED	HICH OPERATION	20A. AUTO	PSY? (Yos or No) 20B.	IF YES, WERE FIN	DINGS CONSI	DERED
DA-DA		WAS PE	EKTOKMED		483	in (LENIFHING CAUSI	ES OF DEATH?	
U 21A. AC	CCIDENT WAS	UNDERLYING	218.	PLACE OF INJURY (e.g., form, foctory, stroot,	in or obout 21 C.	WHERE DID	()f in Boltimore C	ity, give exact	locotion)
₹ DEATH	(notily modical		otc.)	, lorin, lociory, siroot,	onice orage, INJU	KI OCCOK:			
21 D. TIA	ME (Month)	(Doy) (Yeo	r) (Hour) 21E.	INJURY OCCURRED	21 F. I	HOW DID INJURY O	CCUR?		
S OF INJ	URY			o At Not W			- 30		
APPRO	(A.)		Work						
22. I c	ertify that (1)	this hospit	ottended th	e deceased from	6-	19	10 10	4-5	19.6.5
			sed olive on	6-5		5 ond that in (my (our) apinio	in death acci	
16				Dw-1/2000			,	400/11/0000	411 1110 4
- 11		ne causes st	died above (I)	(did) (did not)	view the body	otter deoth.	1	OR DATE CICH	FD.
							12.	3B, DATE SIGN	_ /
	SNATURE	V	2 //	AA D A	Honding C	Mad Casti			
		ro V	naesh	M.D. A	ttonding hys.	Mod. Stoff Phys.	X	6-5	-65
23A. SIG	MATURE	no /	naesh	M.D. A	tonding hys.		X	6-5	-65
23A. SIG	Mas	10 // NA=	naesh	M.D. A	23 D. ADDRESS		Hospila	20	-65
23 G. PH	TANAL TO THE STATE OF THE STATE	MAE	Meesh SHIRI) M.E	23D. ADDRESS D. Unio	versity	Hospila	10 mp. or county	
23 G. PH	MATURE	MAE 1248. DATE	Marsh SHIRI	M. CEMETERY OF C	23D. ADDRESS D. Macc		Hospila on (City.	town, or county	
23A. SIG	STATURE YSICIAN'S MAE (Type) IL CREMATION VAL (Specily)	6-8-	65 %	ME of CEMETERY or C	23D. ADDRESS D. Unio	Physical Phy	Horfile Timore	, you	(State)
23A. SIG 23 C. PH NA 24A. BURIA REMO	YSICIAN'S AME (Type) IC CREMATION VAL (Specify) REC'D BY HEA	6-8-	SHIRA 65 24C.NA 65 25B. NAME O	ME of CEMETERY or C	23D. ADDRESS D. Unio	versity	Horfile On City.	, you	
23A. SIG 23 C. PH NA 24A. BURIA REMO	STATURE YSICIAN'S MAE (Type) IL CREMATION VAL (Specily)	6-8-	65 %	ME of CEMETERY or C	23D. ADDRESS D. Unio	Physical Phy	Horfile on cir. timore	, you	(State)

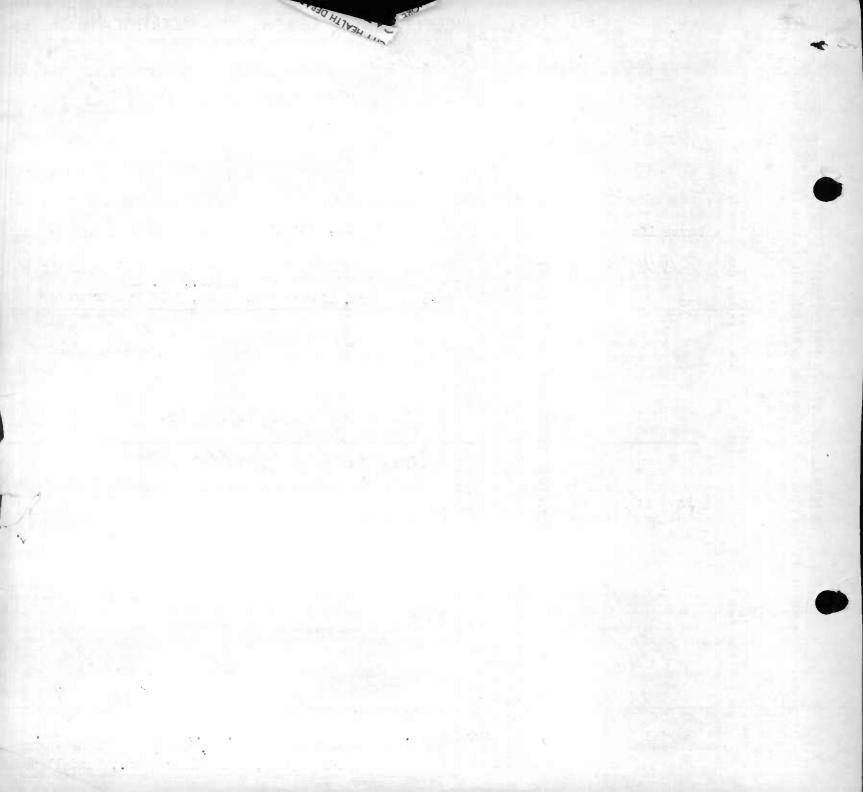


IMPORTANT FUNERAL DIRECTOR:

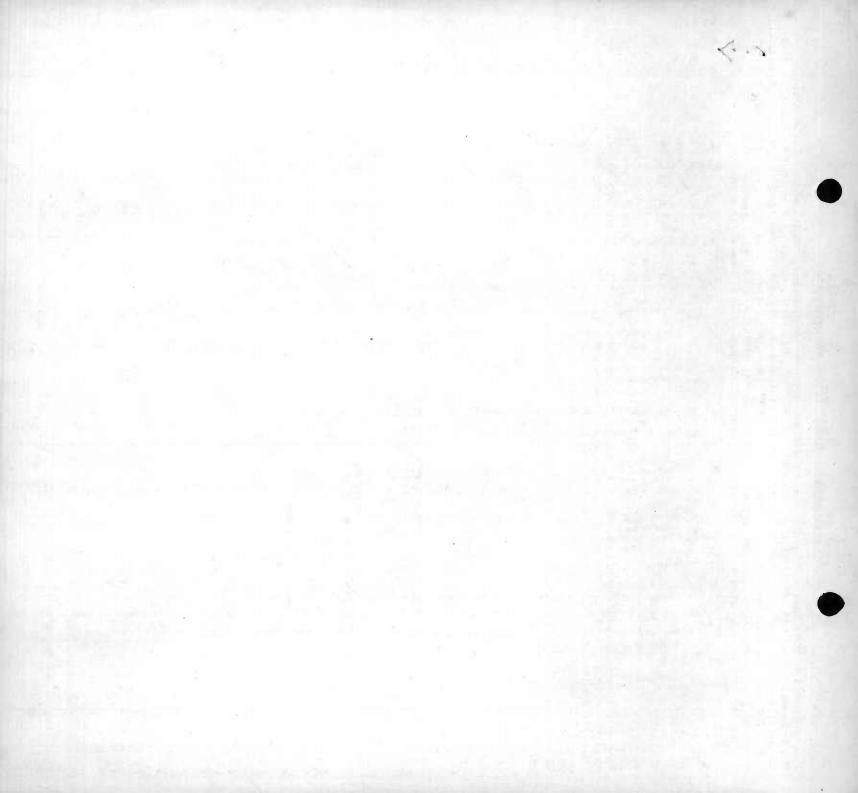
	05	BALTIMORE CIT	Y HEALTH DEPARTMENT		65 6003
	TH NO. 65 6003	CERTIFICA	TE OF DEATH	Registered Na.	
.N	AME OF DECEASED		2. DATE A	ND HOUR OF DEATH	
Ту	Brocking	In Julia		6-5-65	9 AM
. 1	LACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Who	ere deceased lived. If insti	tution: residence before admission)
	FULL NAME OF (If not in hospital or institut	ion, give street	marylan	cl.	15-01
	OSPITAL OR address or lacation) NSTITUTION			utside city limits, write RU	RAL and give township)
1	e of distant	.11.1	Baltin		
-	lutheran hospital of	ere a.		rural, give lacation)	
_		RIED, NEVER MARRIED	B. DATE OF BIRTH		If Hades 1 Vs. If Hades 24 Mars
-		WED, DIVORCED (specify)	8-14-22	lost birthdoy) 42	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	USUAL OCCUPATION (Give kind of work 108, KIN)	O OF BUSINESS OR INDUSTRI	11. BIRTHPLACE (State or fore	eign country)	12. CITIZEN OF WHAT COUNTRY?
n	House Wife,		South	Carolina	0.3.19.
j.	FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
	Untrown		Jane	Davis	
5. e	Was Deceased Ever in U. S. Armed Forces? s,no or unknown) (II yes, give wor ar dotes ol servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT	2 6-1	ADDRESS
			Alasca 19	rochington	1647w. March
_	18. 3 8 2 01	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY				ONSEL AND DEATH
	LEADING TO DEATH (This does not mean the made of dying,	(A)	To hemourh	ager	K day
	heart failure, asthenia, etc. It means the dise	ase,	17.		0
	injury or complication which caused death.) ANTECEDENT CAUSES	(8)	pancreatitis		
		DUE TO		(600000 ин нин и пин пин пан пан пан дву на пан пан пур _е	
	vise to the above cause (A) stating				
	UNDERLYING CONDITION last.				
z	II SOME SOME SOME SOME SOME	TING			
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBLE TO THE DEATH BUT NOT RELATED TO				
	DISEASE OR CONDITION CAUSING IT.	OR WHICH OPERATION	20A. AUTOPSY? (Yes) or N		NDINGS CONSIDERED
ERTIFIC	WAS PERFORMED			IN CERTIFYING CAUS	SES OF DEATH?
AL C	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notily medical exominet)	21B. PLACE OF INJURY (e.g., hame, larm, lactory, street, etc.)	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	(II in Boltimore (City, give exact location)
EDIC	21 D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21 F. HOW DID IN	JURY OCCUR?	
ξ	(APPROX.)	While At Not Whi	le 🗍		
	22 1			19 6 5 to 6 -	5 19.65
	22. I certify that (I) (this hospital) attend that (I) (we) last saw the deceased alive	1			an death accurred on the date
	and haur and fram the causes stated abov				an again accurred on the gare
	23A. SIGNATURE	e. (1) (me) (ald) (did nat)	view the bady after death.		23B, DATE SIGNED
	QH Adil MB	M.D. At	tending Med.	Stoff Phys.	6-5-65
	23 C. PHYSICIAN'S	Ph	ys. Director Director		
	NAME (Tune)	OUR ADIB M.D.	2 7	harpital.	of Mid.
144	Onne	C, NAME OF CEMETERY OF CE	7.00		, town, or county) (Stoje)
-47	BEMOVAL (Specily)	/ /	01/	City,	, lowin, or country/
1	Jurial 6/9/65 (rene. Lh. B	alleman	1147.
15/	30	ME OF REGISTRAR	250 FUNERAL DIRECTO	18-11:10:	ADDRESS
	JUN 9 1965 Rest 2.	Janseymill	unungan	1. Nelly	11271) Marial
4.0					



VS 150-REV. 1/1/65



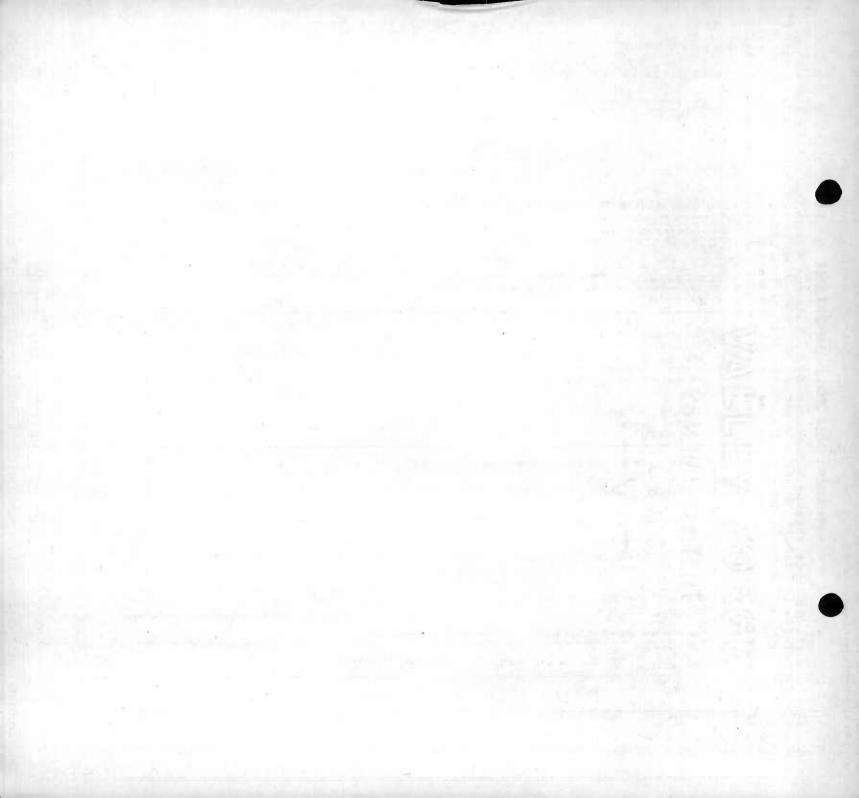
BALTIMORE CITY HEALTH DEPARTMENT



/	60 00	5.1		CALTH DEPARTMENT		65 6006
BIRTH NO.			CERTIFICA	TE OF DEATH	Registered No.	
M.E. CASE NO.	CEASED			2. DATE A	ND HOUR OF DEATH	
Type or Print)		15 /	MillER.		NE 5-19	965 11:40 RM
PLACE OF DE	ATH IN BALTIMORE, MA	ARYLAND		4. USUAL RESIDENCE (Wh.	ere deceased lived. If in	stitution: residence before admission)
				A. STATE B. COU	NTY	1-41
FULL NAME (give street	C. CITY OR TOWN (If or	utaido eite limita unita	O I
NOITUTITZAI				BALTIM		KUKAL and give township)
).					rurol, give location)	
702	S. FRE	MONT	RUE	7025.1		AUE
. SEX	6. RACE	7. MARRIED WIDOWE	D, DIVORCED (specify)	8/26/09	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
OA, USUAL OCC	UPATION (Give kind of wor	k 10B. KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or lore		12. CITIZEN OF
and distant made of	Consider the same of authority					WHAT COUNTRY?
ORAIN	TRIMMER	1000	1) BALTIM.	es JEXXERSON	(o. F/A.	454-
3. FAIMERS NA	ME			14. MOTHERS MAIDEN NA	WE	
SHARL	1E M.11	ER		MANCY FE	OUNER	
. Wos Decease	d Ever in U. S. Armed Fo	rces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
es,no or unknow	n) (If yes, give wor or do!	es of service)	SECURITY NO.	Concerno a	011	
NO		26	4.05-6021	CECESTINE P.	MER 10.	25- FREMONT MY
1B.	5 / X I		CAUSE O	F DEATH		ONSET AND DEATH
DISEA	SE OR CONDITION DI		~^^	CINIONA AF	C-144	at when we are asked
(This does	nat meen the made of		(A)	CINOMA OF	2 10 MAG	H OU KNOW!
heort foilure,	, osthenia, etc. It meons	s the diseose	, 000 10			
injury ar cor	mplication which caused	d death.)		No. of the last of		
	ANTECEDENT CAUSES	S	DUE TO			
	OR CONDITIONS, if					
	ne abave cause (A)	stating the	(C)		***************************************	
OTHER SIGN	II	CONTRIBILITIN	IG.			
I TO THE D	DEATH BUT NOT REL	ATED TO TH	HE	-		
19A. DATE OF	F OPERATION 198. COM		WHICH OPERATION	20A. AUTOPSY? (Yes or N	a) 20B. IF YES WERE	FINDINGS CONSIDERED
19A. DATE O	WAS PER	REPORMED	William Grangitalia	No	IN CERTIFYING CA	USES OF DEATH?
21A. ACCIDE	ENT WAS UNDERLYING	218	B. PLACE OF INJURY (e.g., in	or about 21 C. WHERE DID	(If in Boltimore	e City, give exact location)
OR CONTRIB	UTING CAUSE OF	hor	me, lorm, factory, street, of	fice bldg., INJURY OCCUR?	W. 111 POINTION	erry, give exect tocollen
2						
OF INTITION	(Month) (Day) (Year)		INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
(APPROX.)			hile At Not While	e 🗌		
22 1 2024/6	. Abas (I) (Abia bassiss	1) sees and a	the deceased from	JARI	1962 to	JUNE 5, 1965
			the deceased from		- Aller	
thot (I) (we) lost sow the deceos	ed olive on.	JUNEY	19 65 and the	hot in (my) (pur) opi	nion death occurred on the date
ond hour an	id from the couses sto	oted obove. ((1) (We) (did) (did nat) v	iew the body ofter death.		
23A. SIGNAT	URE	-				23 B. DATE SIGNED
	In sle	a len	M.D. Alte	ending Med.	Stoff	JUNE 8, 1940
23C. PHYSICIA	AMS			23D. ADDRESS	Phys.	7,000
NAME	8094 AL 5 VSI	LAXIOI	w do.	972 5	CHAPP	BALT 30, MI
		7110101	M.D.	100	- WALL	
AA. BURIAL CRE	MATION, 248. DATE (Specify)		AME of CEMETERY OF CRE			ty, town, or county) (State)
KEMOU	Chale	5 5	HILOH BA	PT. 9	REENVIL	5 Floring
	D BY HEALTH DEPT.		OF REGISTRAR	25C. FUNERAL DIRECTO	P	ADDRESS
HIM A	IDCE A a	- Page 16		m	011 12	26 6 6
JUN 9	1202 (1) Prop. 12	8 starl	HUM.B	Markan -	Fildryn 6)	oN. GILMER VY
'S 150-REV. 1/1/	/65	45	2 1 2 3	a partir	.1	

WONLTIMORE CITY HE

BIRTH NO.	65 6007		ATE OF DEATH	Registered No.	65 6007
M.E. CASE NO.	ASED	OEK TITTO		AND HOUR OF DEATH	1
(Type or Print)	ARTHUR U	1. BRENT	6-	7-1965	institution: residence before odmissio
3. PLACE OF DEAT			4. USUAL RESIDENCE (WI A. STATE B. COL	here deceased lived. If	institution: residence before odmission
FULL NAME OF		tion, give street	MD		7-3-01
HOSPITAL OR	address or location)				RURAL and give township)
0			D. STREET ADDRESS	If rural, give location)	
934	LERDENHAL	L St	934 1600		CA
5. SEX 6	7. MAR	RRIED, NEVER MARRIED OWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
	PATION (Give kind of work 10 B. KIN		0/0	100	12. CITIZEN OF
	orking life, even if retired)	r MID ROR C.	VUARIEC C	mo	WHAT COUNTRY?
13. FATHER'S NAM	E WEST	1,000	14. MOTHER'S MAIDEN N	AME	/ 0/4 1
	w. Br. Er				4.5
	Ever in U. S. Armed Forces? (If yes, give war ar dates of serv		Elizaber 17. INFORMANT	/ / / / / / /	ADDRESS
(Yes, no or unknown)	If yes, give wor or dates of serv	vice) SECURITY NO.	1 10000	BOCALT .	Cant
118.	V 1	CAUSI	OF DEATH	13120191	INTERVAL BETWEEN ONSET AND DEATH
/ 9 2	OR CONDITION DIRECTLY		•		ONSET AND DEATH
L	EADING TO DEATH	(A)	arcinema,	reglet le	ung 6 menu
	It mean the mode at dying, sthenia, etc. It means the dis-	e.g., DUE TO ease,	and and the second of and and an area of the second of the	0	
injury ar camp	lication which caused death.)				
	NTECEDENT CAUSES	DUE TO		. 88 m dr m w dr m m 9 8 m dr 80 m 20 dr dad m dr 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	000000000 4 0 pmp ng g gg n nu nu an 9n nuá na 000 náo 0 000 0 0 0 0 000 000 000
rise la lhe	R CONDITIONS, il ony, g above cause (A) slaling				
	CONDITION last.	***************************************			,
P TO THE DE	II ICANT CONDITIONS CONTRIB ATH BUT NOT RELATED TO				
19A. DATE OF	OPERATION 198. CONDITION	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or	No. 208. IF YES, WER	E FINDINGS CONSIDERED AUSES OF DEATH?
19A. DATE OF	WAS PERFORMED				
OR CONTRIBUT	T WAS UNDERLYING TING CAUSE OF medical examiner)	21B. PLACE OF INJURY (e. home, form, foctory, street etc.)	g., in or about 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltime	ore City, give exact location!
□ 21 D. TIME	(Month) (Day) (Year) (Hour)	21E INJURY OCCURRED	21 F. HOW DID II	NJURY OCCUR?	
OF INJURY		While At Not Not Not Not Not Not Not Not Not No	Vhile onk		1
22. I certify t	hot (I) (this hospital) attend	1 100	P 12	19 60 10	6/7 1965
	ast saw the deceased olive	110			plnion deoth occurred on the do
	from the couses stated abo	- 01			
23A. SIGNATUR)			23B. DATE SINED
John	P. Urlock	A M.D.	Attending Med. Phys. Director	Stoff Phys.	6/8/65
230 THYSICIAN		10	23D. ADDRESS	Wash Be	Pii d.
JOH		316 911	•		201
24A. BURIAL CREM		4C. NAME of CEMETERY OF	CREMATORY 24D.	LOCATION	City, town, or county) (State)
Duns	6/12/65	MA Chuk		sorte mi	ADDRECE
25A. DATE REC'D	1065 DO B	AME OF REGISTRAR	25C. FUNERAL DIRECT		ADDRESS
JUN 9	1000 (10000)	,	Manne	11/4/10 67	ON. O'LMOK
JUN 9	1965 Robert E.	tarber M. A.	marshare		8N.612M



VS 150-REV. 1/1/65

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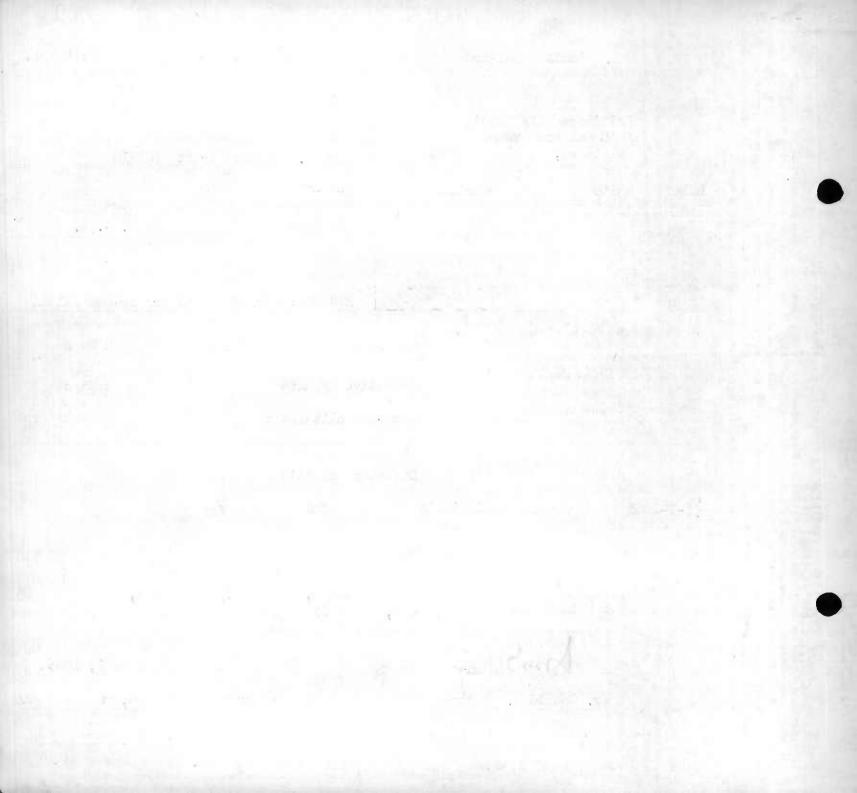
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THE STREET PROPERTY OF

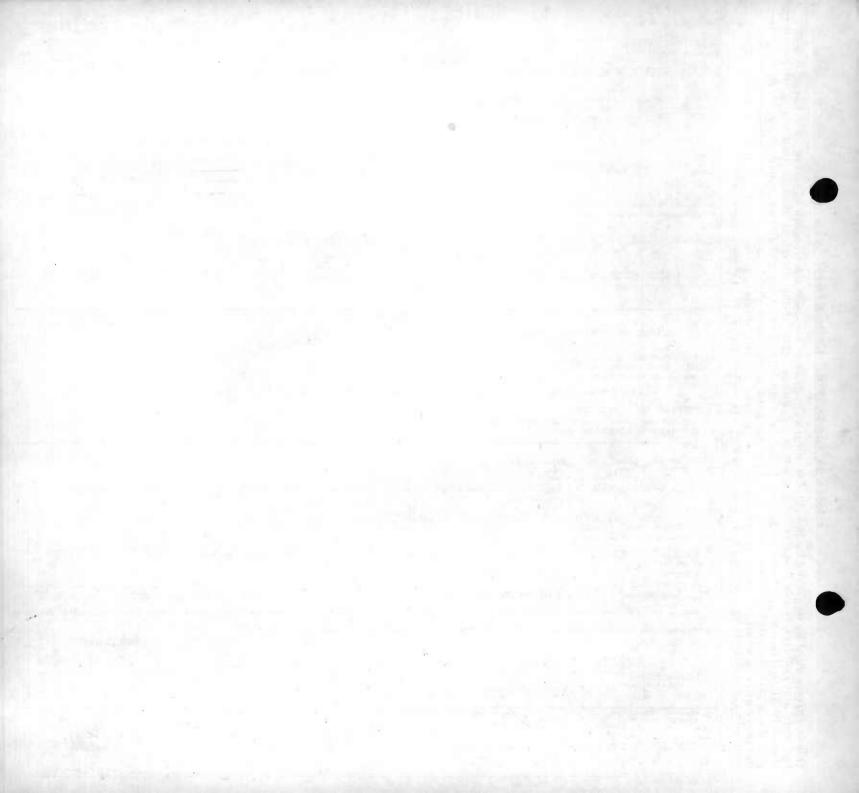
DYTACTED AVE

VS 150-REV. 1/1/65



eat eat	Bon Secours Hospital	A. STATE B. COUNTY
0 50	FULL NAME OF (If not in hospital or institution, give steet HOSPITAL OR address or location) INSTITUTION	C. CITY OR TOWN (If outside city limits, write
atte rior	4	D. STREET ADDRESS (If rurol, give locotion) 4742 Frederich
egula ased is mad	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 6-5-65 8-700
	done during most of working life, even if retired)	Jon Securs Hospila 14. MOTHER'S MAIDEN NAME
	Edgas V. Van Sill	Edna / Parker
nounced attenda Imed or	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does nal mean the made of dying, e.g., heart failure, asthenia, efc. It means the disease,	F DEATH Electores
who pare emare em	injury at camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise la the abave cause (A) stating the UNDERLYING CONDITION last.	remaliently
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
sici the	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE IN CERTIFYING C.
000	OR CONTRIBUTING CAUSE OF home, form, foctory, street, of DEATH (notify medical examiner)	n or obout 21C. WHERE DID (If in Boltimo ffice bldg., INJURY OCCUR?
d (6) d ained	21D. TIME (Month) (Doy) (Year) (Hour) 21E. FNJURY OCCURRED While At Not While At Work	21F. HOW DID INJURY OCCUR?
h);	22. I certify that (I) (this hospital) attended the deceased from that (I) (we) lost sow the deceased alive on the deceased alive of the deceased alive on the deceased alive of	0/5/65 19 to ond that in (my) (cost op
D S T C	Edevard f. Frey M.D. Atte.	ending Med. Stoff
A. at prio	NAME TYPED WARD L. FREY. M.D.	4605 Edwardson
D.O.	DEMOVAL (Specify) 6-9-6 Slen/fave)	hem Ont Blen Bu
THE PARTY OF THE P	(1) An accident of any nature; (2) Body Burns; (3) A tracture of any kind; (4) Undetermined cause; (3) O.A. at a hospital (except where the physician who pronounced death was in regular attendanted prior to death); and (6) No physician was in regular attendance on the deceased prior to deprive to death); and (6) No physician was in regular attendance on the deceased prior to deapproval must be obtained before the remains are embalmed or final disposition is made.	FULL NAME OF Internal property of the property

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. f death eceased on the h. Such M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) nstitution: residence before admission) RURAL and give township) If Under 1 Yr. If Un-Months Doys If Under 24 Hrs. 12. CITIZEN OF WHAT COUNTRY? ADDRESS INTERVAL BETWEEN ONSET AND DEATH FINDINGS CONSIDERED AUSES OF DEATH? ore City, give exact tocation) inion deoth occurred on the dote 23B, DATE SIGNED 9 1965 Robert E. Farley A. This the sho was dec VS 150-REV. 1/1/65



NRTH NO.	65 6011		TE OF DEATH	Registered No.	65 6U11
M.E. CASE NO.	EASED			HOUR OF DEATH	-
Type at Print)	8 milh	Sophie		M-6F	10
. PLACE OF DEA	ATH IN BALTIMORE, MARY	LAND	A. STATE B. COUNT	Υ ,	stitutian: residence before admissi
FULL NAME O	F (If not in haspital or	institution, give street	Marylan	d. Ar	nne Arundel
HOSPITAL OR	oddress or location)		C. CITY OR TOWN (If outsi	. ~	RURAL ond give township)
V -	1. ni 7	at of maryland	D. STREET ADDRESS (If ru	trol, give location)	5000
dulher	an may	at of Maryland	Blen Burne		374 FURNACE DI
SEX	6. RACE 7.	MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9	AGE (In years	If Under 1 Yr. If Under 24 I Manths Days Hours Min
Lemale	white	WIDOWED, DIVORCED (specify)	8+25,92	ost birthdoy)	Manths Days Hours Min
		DB. KIND OF BUSINESS OR INDUSTR		n country)	12. CITIZEN OF WHAT COUNTRY?
	working life, even if retired) r (ret.)	Uniform Mfg. Co.	имкимими Маг	vland	U. S.A.
B. FATHER'S NA		5.12.102.11 (1. g. 00.	14. MOTHER'S MAIDEN NAM	,	0.37.
	Thomas Ratajz	ak	Mary (unkn	ιο wn)	
	Ever in U. S. Armed Force		17. INFORMANT	,	ADDRESS
es, no ar unknowr	(If yes, give wor or dotes	of service) SECURITY NO.	Mrs. Lula Stew	ent Com	n n 40
no	///////////////////////////////////////			Jarr 29m	B AS #4
1B.	OX I		OF DEATH		ONSET AND DEATH
DISEA	SE OR CONDITION DIRE LEADING TO DEATH	CILY	1. to no lame	N a dama	
	nat mean the made of d	lying, e.g., DUE TO	House purchase	y example	**************************************
	aslhenia, etc. means nplicalian which caused d	ne disease, ealh.)	- Now E. high	blood pre	new
	ANTECEDENT CAUSES	(B)	emany w		
DISEASES	OR CONDITIONS, if an	ny, giving	conday to high -	J	
	e abave cause (A) s G CONDITION last.	stating the (C)	wheter		
	11				
OTHER SIGN	IFICANT CONDITIONS CO				
DISEASE OR	CONDITION CAUSING IT.				
19A. DATE OF	OPERATION 198. CONDI WAS PERFO	ITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
21A. ACCIDE	NT WAS UNDERLYING	21B. PLACE OF INJURY (e.g.	in or about 21C. WHERE DID	(If in Boltimor	e City, give exact location)
DEATH (natify	UTING CAUSE OF medical exominer	home, form, toctory, street, etc.)	affice bldg., INJURY OCCUR?		
21D. TIME	(Month) (Doy) (Year)	(Hour) 21 E. INJURY OCCURRED	21F. HOW DID INJU	IRY OCCUR?	
OF INJURY		While At Not W			
	1 - (1) (-1)	attended the deceased from		01=	/ A4 10 /
			1 -		
) lost sow the deceosed				inion death occurred on the
ond hour on		d obove. (I) (We) (did) (did not)	view the body offer deoth.		23B. DATE SIGNED -
		M.D. A	ttending Med.	Stoff 🔽	B-N-60
G.	HHOW IN.	P	23D. ADDRESS	Stoff Phy s.	0
PHYSICIA NAME (m pour Hail M.	10 -	orp. of ell	238. DATE SIGNED 6-M-6 Conyclen d ity, town, or county) (State
4A. BURIAL CRE	MATION, 24B. DATE	24C. NAME of CEMETERY or C	REMATORY 24D. LO	CATION (C	ity, town, or county) (Stat
REMOVAL		Her who are		44	nmI am d
Burial	BY HEALTH DEET. 2		emetery Bal	timore, Ma	ATY L ADDRESS
JUN	9 1965 (Robert	2 6' Mary 11	R.V. Singlet	on, Glen E	Burnie, Maryland
JUN	9 1965 (Polen)	P Sawe of Medicine	R.V. Singlet	on, Glen E	Burnie, Marylar

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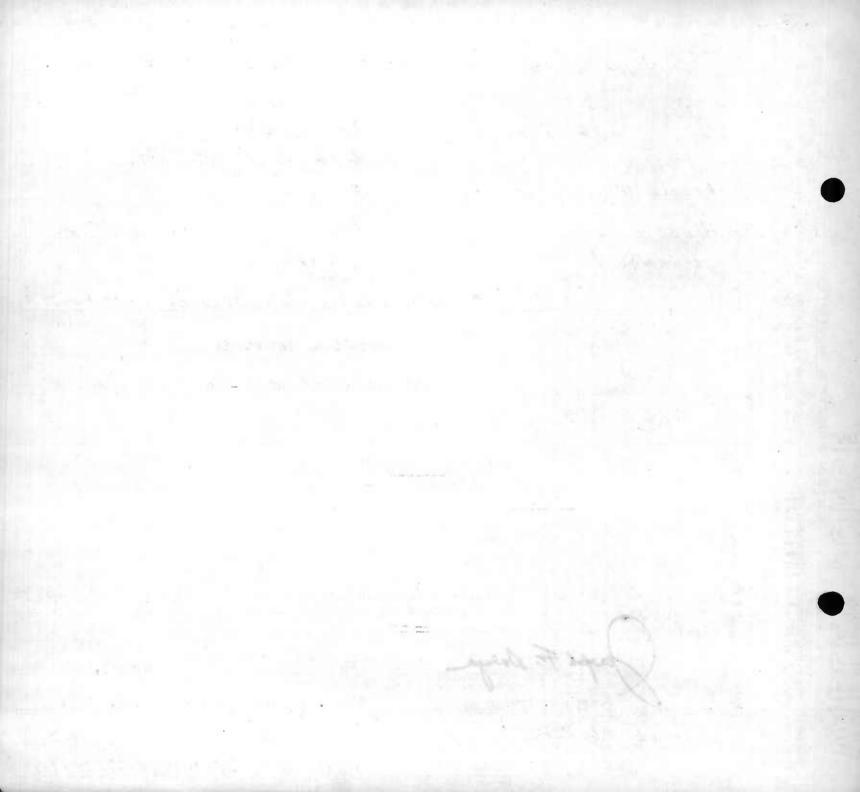
BIRTH NO. 65 601 MEDICAL EXAMINER'S C	CERTIFICATE OF DEATH Registered No.
M.E. CASE NO.	EKTITICATE OF DEATH Registered No.
NAME OF DECEMBER	2. DATE AND HOUR PRONOUNCED DEAD
(Type or Print) ISAAC NICHOLSON	6-7-65 4:08 A _M .
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	14. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	A. STATE Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
ST. AGNES HOSPITAL	Berlin D. STREET ADDRESS (If rurol, give locosion) Box 141
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify) 100. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRE done during most of working life, everyif retired) 13. FATHER'S NAME	B. DATE OF BIRTH 9. AGE (In years lost birthday) 10st birthday) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 14. MOTHER'S MAIDEN NAME
BRNEST NICHULTON	ELIZA LANK.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	17, INFORMANT A DDRESS
VES WORLD WOOT 212-69-9310	Mes, W. NIND SON BERGIN NO
TB.	E OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Multiple Multi	tiple traumatic injuries
(This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	h craniocerebral injury
ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes of No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes Yes
ZIA. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING □ CAUSE OF DEATH. ZID TIME (Month) (Doy) (Yeor) 7:30 ZIA. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) Airport ZID TIME (Month) (Doy) (Yeor) 7:30	in or obout 21C. WHERE DID (If in Boltimore City, give exect locotion) office bldg, INJURY OCCUR? North Ramp at Butler Aviatio Friendship Airport, Inc. 21F. HOW DID INJURY OCCUR? Walked into moving
(APPROX.) 6 6 65 PM m. WORK AT AT V	WHILE X airplane propeller
22. I certify that I held on Inquiry Inspection AL resulted fram: Natural causes Accident X Suicident	ond that on this basis, death in my apinlan de Homicide Undetermined manner
ACTUAL SIGNATURE ALW MED M.C.	CHIEF MEDICAL EXAMINER DATE SIGNED D. ASSISTANT MEDICAL EXAMINER
EXAMINER'S NAME (Type) PETER W. RIECKERT, M.D.	ASSOCIATE MEDICAL EXAMINER (6-7-65
23A. BURIAL CREMATION, 23B. DATE REMOVAL (Specify) AURIAL DIO 65 EVER RECORD BY HEALTH DET. 24B. NAME OF REGISTRAR	IVI -
JUN 9 1965 Robert E. Farley M. A.	Anna A. Burbace Bulin Md
VS 151-REV. 1/1/65 A	

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	12 AUGUST 65 6	BALTIMORE CITY	HEALTH DEPARTMENT	6	5 6913
	INO. 66-14037 65 (CASE NO.	CERTIFICA	TE OF DEATH	egistered No.	0 0010
1. NA	ME OF DECEASED BOOM PIRE	BEPHARL	2. DATE AND HO	OUR OF DEATH	7.50 p
3. PL	ACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where dec	eosed lived. If institut	ion: residence before admission
			10		1200 F
H	ILL NAME OF (If not in hospital or institut oddress or location)	ion, give street	C. CITY OR TOWN (If outside of	city limits, write RURA	L and give township)
IN	STITUTION	1 1	BALTIMO	0 -	5370
1.	u heran Hos Piloulah	Mong Chonal		give location)	0
			219 J.M	ARLYN	1 HVE 212
5. SE	WIDO WIDO	RIED. NEVER MARRIED DWED, DIVORCED (specify) Deven married		E (In years If Ma	Under 1 Yr. If Under 24 Inthis Doys Hours Min.
ιόλ, l	JSUAL OCCUPATION (Give kind of work 108, KIN		11. BIRTHPLACE (State or foreign co	untry) 12	CITIZEN OF
done	during most of working lile, even if retired)		Marylome	1	WHAT COUNTRY?
3. E	ATHERS NAME		14. MOTHER'S MAIDEN NAME		ar ill.
	1 26 6	00 11	100	Ma	
5 111	JOHN M. Me	bharat	MICHELLE	///AL.	STROM
Yes,	os Deceased Ever in U. S. Armed Forces? no orunknown) (If yes, give wor or dotes of servi	security No.	Father Sas	me as a	houre)
1	B. 2 / / 6 T	CAUSE O	F DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY				ONSET AND DEATH
	LEADING TO DEATH	(A) A	of his almo diel	all onench	OME
	This does not mean the made of dying,		Col 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	CS SPINOW	J-11-12
	heall failule, asthenia, etc. It means the dise njuly al camplication which caused death.)	ase,	V	_ /	
	ANTECEDENT CAUSES	(B)	premater ty	2"	
١,		DUE TO /	1/		
	DISEASES OR CONDITIONS, if any, gi ise to the above cause (A) stating		veiting making	manha	nd
	UNDERLYING CONDITION last.	- Jane Starte	The same of the sa	- Africa Care Care	
O	OTHER SIGNIFICANT CONDITIONS CONTRIBL TO THE DEATH BUT NOT RELATED TO	TING			
4	DISEASE OR CONDITION CAUSING IT.	int			
RTIFIC	9A. DATE OF OPERATION 198. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B.	LIF YES, WERE FIND	NGS CONSIDERED OF DEATH?
-					
_, 0	DA. ACCIDENT WAS UNDERLYING DECONTRIBUTING CAUSE OF DEATH (notify medical examines)	21B. PLACE OF INJURY (e.g., i home, lorm, foctory, street, or etc.)	n or obout 21 C. WHERE DID INJURY OCCUR?	(If in Boltimore City	, give exoct location)
D 2	1D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY O	OCCUR?	
5	APPROX.)	While At Not While			
,	AFFROAF	Work At Work			
2	2. I certify that (1) (this hospital) attend	ed the deceased fram	6/5 19.6	J. 10 6	17/ 19.6
t	hat (I) (we) last saw the deceased olive	on 6/1/	19 6 5 and that in	(my) (our) opinian	death accurred on the
	and hour and from the couses stated above	, ,			
	3A. SIGNATURE	ci (i) (ii c) (did) (oid iid) (new the body offer deoffi.	23 B	DATE SIGNED
	Hassein Peckell	m. M.D. AH	ending Med. Stoff		(14/16
	gonen geoin	Phy	s. Director Phys.	X	0/7/00
2	3C. PHYSICIAN'S NAME (Type)		23D. ADDRESS		
	HOSSEIM GOLPIR	A M.D.			
24A.	BURIAL CREMATION, 248, DATE 24	C. NAME of CEMETERY OF CR	MATORY 24D. LOCAT	ION (City, to	wn, or county) (State
/4	REMOVAL (Specify)	10 - 6 Juni	Boo	40	mid
25A	- au	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	0,00.	ADDRESS
11		Wey H. A.	DI DIRECTOR	an Sin	ADDRESS GOL
JL	o love Ubbell F.	Marca, "	Connelly 3	Il Mace	July, 21
S 1:	50-REV. 1/1/65	10	- 0		-

219 JAMES LYN / ALE MICHELLE MARLEY

V\$ 150-REV. 1/1/65



Wm. Cook-Brooks Hamilton Inc.

6009 Harford

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cause;

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BIRTH NO.

M.E. CASE NO. I. NAME OF DECEASED

3. PLACE OF DEATH IN B.

6. RACE

White

П

19A. DATE OF OPERATION

DEATH (notify medical examiner)

FULL NAME OF HOSPITAL OR

INSTITUTION

5. SEX

CERTIFICATION

MEDIC

21 D. TIME

OF INJURY

23A. SIGNATURE

PHYSICIAN'S

NAME (Type)

REMOVAL (Specify)

VS 150-REV. 1/1/65

Burial

25A, DATE REC'D BY HEALTH DEPT.

1965

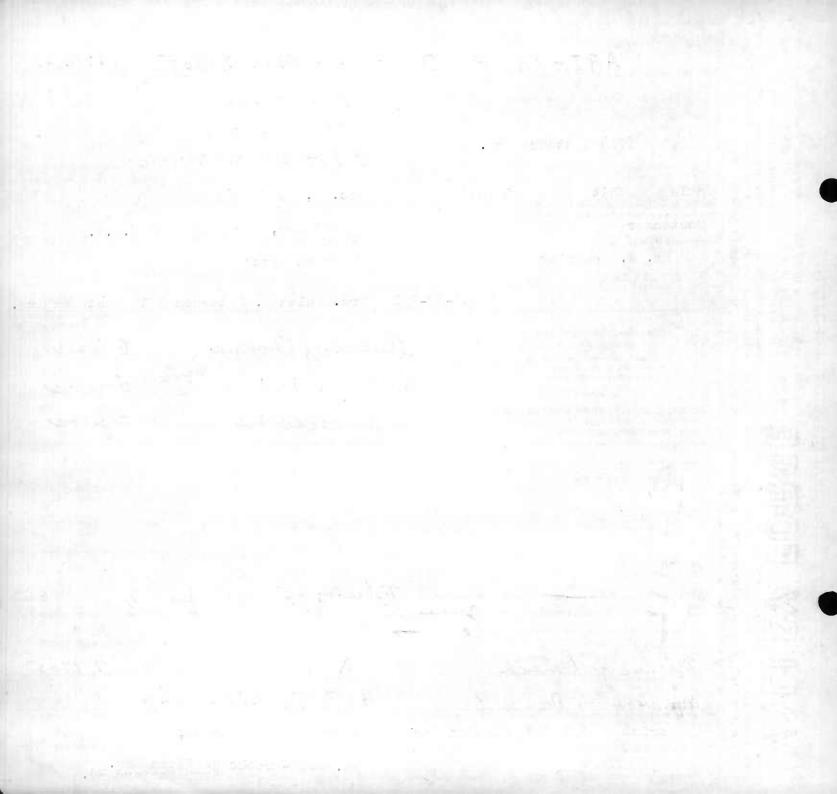
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Male

Bartender

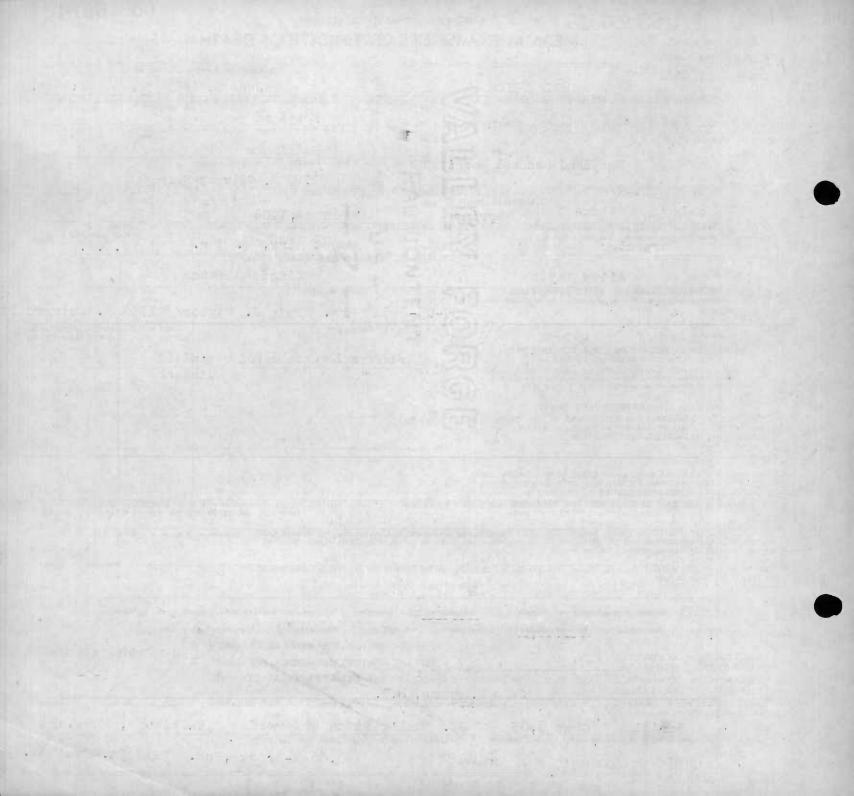
13. FATHER'S NAME

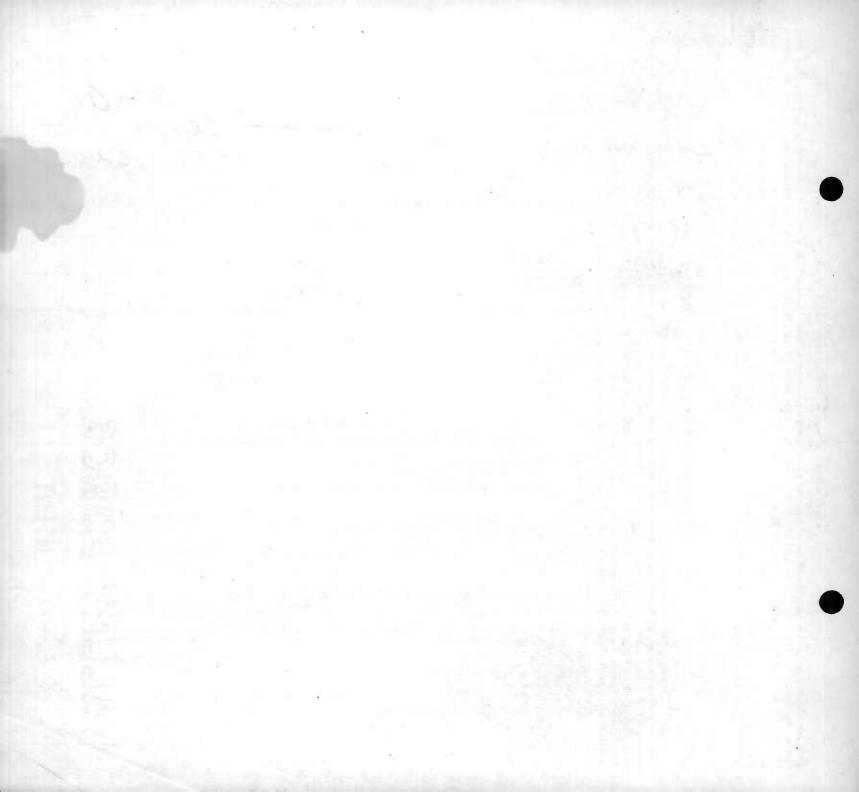
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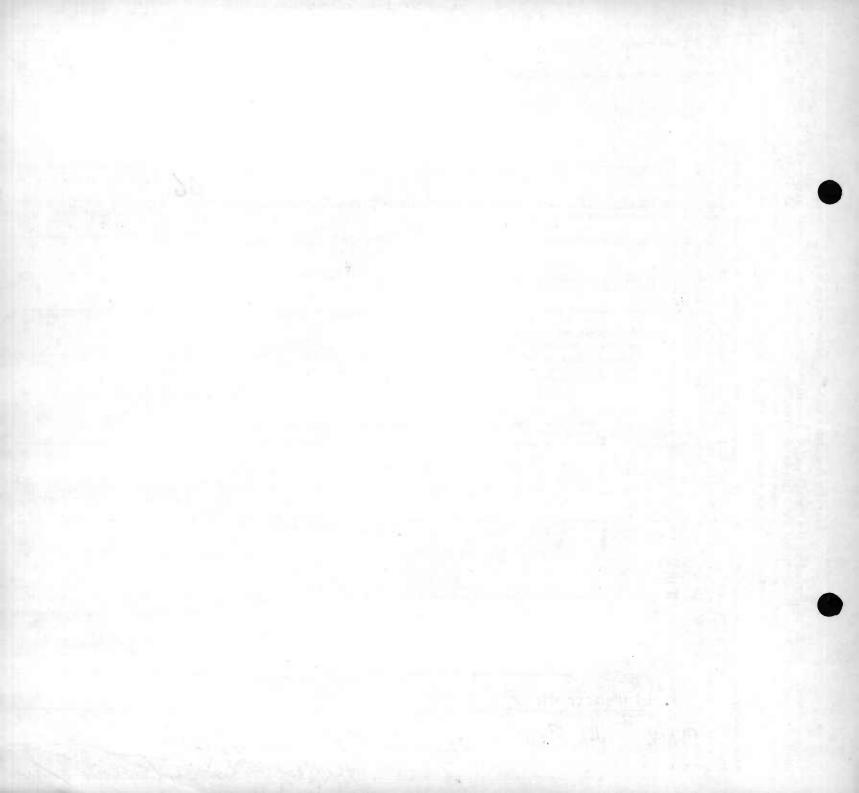
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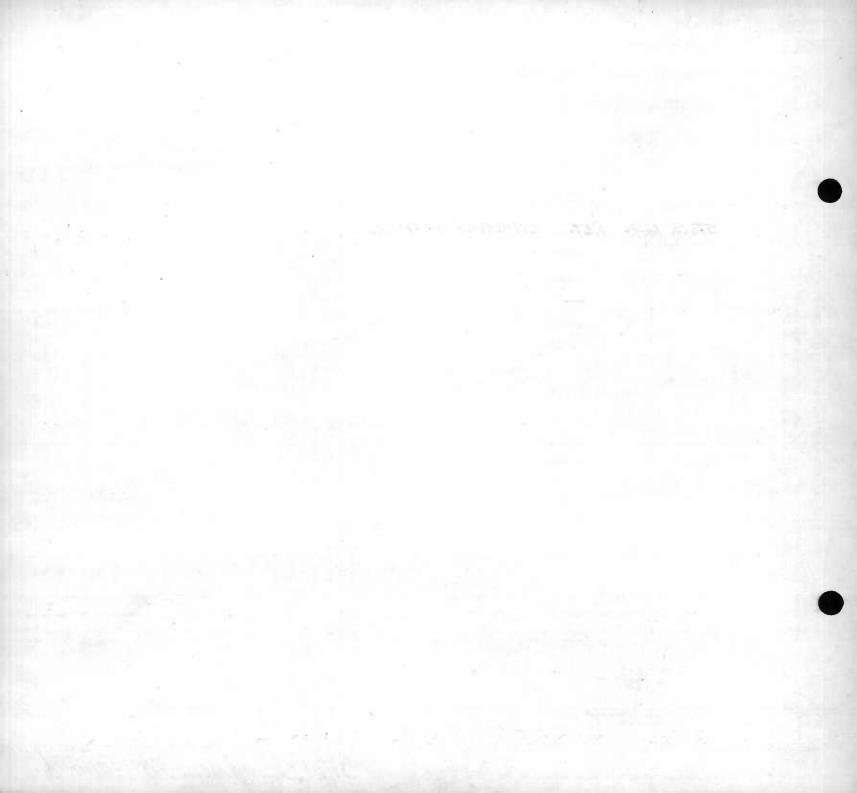


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FUNERAL DIRECTOR: IMPORTANT	ef	m 10	dy	9	icia	the
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	ter	Sre	90	1 0	or 1	OVO
	this certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	he body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	hows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased 🐣	was D.O.A. at a hospital	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approval must be obtained before the remains are embalmed or final disposition is made. (
	ita	dy	Ξ	0	sed	2
	SCE	poq s	SWC	S D	Dea	itte
	F	he	she	NO	90	3

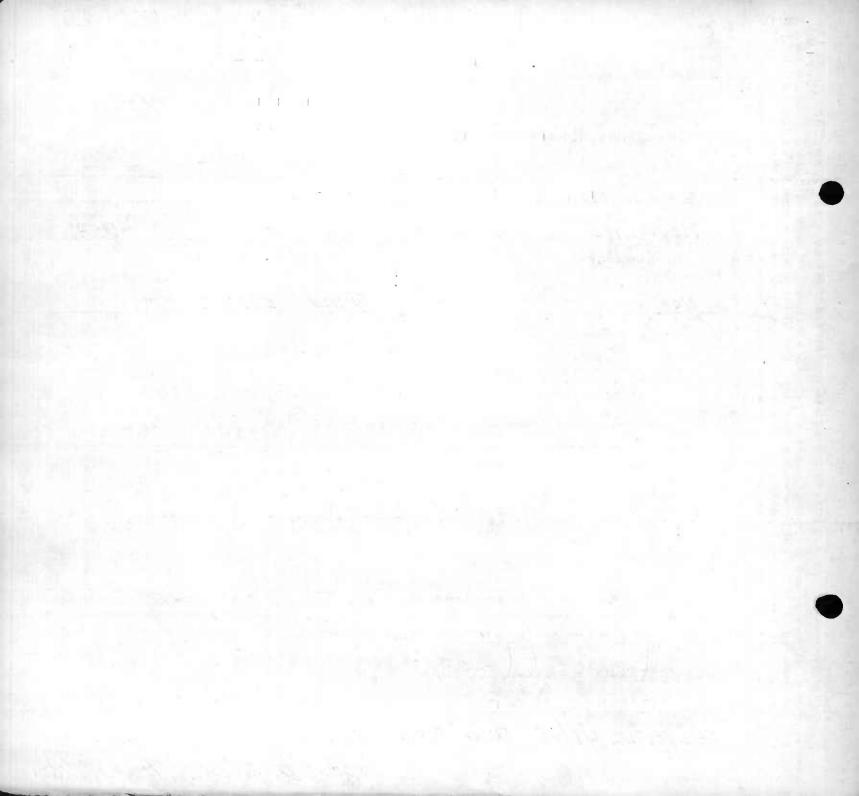
	05 0040	65 6018
	н но. 65 6018	CERTIFICATE OF DEATH Registered No.
1. N	AME OF DECEASED	2, DATE AND HOUR OF DEATH
(Тур	ne or Print) 1011/11 - 17	chety (111 Sery 10.2.65 1/3 0)
3. P	PLACE OF DEATH IN BALTIMOLE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before adm
		A. STATE B. COUNTY
	FULL NAME OF (If not in hospital or institution, give dospital OR oddress or location)	
	NSTITUTION	C. CITY OR TOWN '(If outside city Imils, write RURAL and give township)
1	11.	D. STREET ADDRESS ((If rurol, give locotion)
	MMN ENSILY HO	20 X = Q
_		RON 37
5, \$	6. RACE 7. MARRIED, NE WIDOWED, D	DIVORCED (specify) 8. DATE OF BIRTH DIVORCED (specify) 8. DATE OF BIRTH DISTRIBUTION OF STREET OF
	1 War	Vied 8.73.70 68
	USUAL OCCUPATION (Give kind of work 10B, KIND OF BL	
done	during most of working life, even if retired)	has Marchael South to cash
12	FATHER'S NAME	14 AAOTHEP'S MAIDEN NAME
100	The state of the s	A CONTRACTOR OF THE CONTRACTOR
	Chlean Terry	217-01-1358 Fee Chapman Wola Greens
15. V	Was Deceased Ever in U. S. Armed Forces?	6. SOCIAL SECURITY NO. 17. INFORMANT Lebelt ADDRESS
	No	There Commence Mr. M. M.
—	120	CAUSE OF DEATH INTERVAL BETWEE
-	D 4 90 101	ONSET AND DEAT
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Harto Kildemann + doung 30 MI
	(This does not mean the made of dying, e.g.,	DULTO
	heart failure, asthenia, etc. It means the disease,	
	injury ar camplication which caused death.)	302 Mancosis 4840W
	ANTECEDENT CAUSES	DUE TO
	DISEASES OR CONDITIONS, if any, giving	Charman Drown lands toughtour
	rise to the above cause (A) stating the UNDERLYING CONDITION last.	(6) OF COME OF COMPANION CONTINUES COMP
	II .	
Z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
ATIO	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
RTIFICA	19 A. DATE OF OPERATION 198. CONDITION FOR WH	HICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED
<u>u.</u>	WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
~	21A. ACCIDENT WAS UNDERLYING 218. PL	LACE OF INJURY (e.g., in or obout 21 C. WHERE DID (If in Polimore City, give exact tocotion)
CERT		
L CE	OR CONTRIBUTING CAUSE OF home,	form, foctory, street, office bldg., INJURY OCCUR?
CAL CE	OR CONTRIBUTING CAUSE OF home, DEATH (notify medical examiner)	form, foctory, street, office bldg., INJURY OCCUR?
EDICAL CE	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) etc.) 21D. TIME (Month) (Day) (Year) (Hour) 21E. IN OF INJURY	NJURY OCCURRED 21F. HOW DID INJURY OCCUR?
DICAL CE	OR CONTRIBUTING CAUSE OF home, etc.) 21 D. TIME (Month) (Doy) (Year) (Hour) 21E, IN	NJURY OCCURRED 21F. HOW DID INJURY OCCUR?
MEDICAL CE	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY (APPROX.) While Work	NJURY OCCURRED Al Work Al Work
MEDICAL CE	OR CONTRIBUTING CAUSE OF home, etc.) 21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. IN While Work 22. I certify that (N (this haspital) attended the	NJURY OCCURRED A1 Not While A1 Work Additional And Work A Society, street, office bldg., INJURY OCCUR? A1 Not While A1 Work A1 Nort Manual And Manual
MEDICAL CE	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY (APPROX.) While Work 22. I certify that (N (this haspital) attended the that (I) (Na) last saw the deceased alive an	NJURY OCCURED 21F. HOW DID INJURY OCCUR? At Work At Work 1965 ta 1965 1965 and that in(my) (out) apinian death accurred an the
MEDICAL CE	OR CONTRIBUTING CAUSE OF home, etc.) 21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. IN While Work 22. I certify that (N (this haspital) attended the	NJURY OCCURED 21F. HOW DID INJURY OCCUR? At Work At Work 1965 ta 1965 1965 and that in(my) (out) apinian death accurred an the
MEDICAL CE	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY (APPROX.) While Work 22. I certify that (N (this haspital) attended the that (I) (Na) last saw the deceased alive an	NJURY OCCURED 21F. HOW DID INJURY OCCUR? At Work At Work 1965 ta 1965 1965 and that in(my) (out) apinian death accurred an the
MEDICAL CE	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) (Hour) 21E. IN While Work 22. I certify that (N (this haspital) attended the that (I) (Ne) last saw the deceased alive an and haur and fram the causes stated above. (I)	NJURY OCCURRED Al Not While At Work deceased fram 1965 ta 1966 and that in(my) (our) apinian death accurred an the (We) (did) (did not) view the bady after death.
MEDICAL CE	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) (Hour) 21E. IN While Work 22. I certify that (N (this haspital) attended the that (I) (We) last saw the deceased alive an and haur and fram the causes stated above. (I) (23A. SIGNIATURE)	NJURY OCCURRED At Not While 1965 ta 1965 ta 1966 and that in (my) (our apinian death occurred an the (We) (did) (did not) view the bady after death. At Mod. Director Phys. 1238, DATE SIGNED 6-2-65
MEDICAL CE	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) (Hour) 21E. IN While Work 22. I certify that (N (this haspital) attended the that (I) (No.) last saw the deceased alive an and haur and fram the causes stated above. (I) (23A, SIGNIATURE) 23C. PHYSICIAN'S NAME (Type)	NJURY OCCURED 21F. HOW DID INJURY OCCUR? At Work At Work At Work 19 5 ta 19 6 And that in (my) (our) apinian death accurred an the country of the coun
MEDICAL CE	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) (Hour) 21E. IN While Work 22. I certify that (N (this haspital) attended the that (I) (No.) last saw the deceased alive an and haur and fram the causes stated above. (I) (23A. SIGNATURE) 23C. PHYSICIAN'S NAME (Type) D. Lindenstruth	NJURY OCCURED Al Not While At Work deceased fram 19 and that in (my) (our) apinian death accurred an the (We) (did) (did not) view the bady after death. M.D. Attending Med. Director Staff Phys. 23D. ADDRESS M.D. M.D
MEDICAL CE	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) (Hour) 21E. IN While Work 22. I certify that (N (this haspital) attended the that (I) (We) last saw the deceased alive an and haur and fram the causes stated above. (I) (23A, SIGNATURE) 23C. PHYSICIAN'S NAME (Type) D. Lindenstruth A. BURIAL CREMATION, 1248, DATE 24C, NAME	NJURY OCCURED Al Mot While At Work Al More At More A
MEDICAL CE	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) (Hour) 21E. IN While (APPROX.) 22. I certify that (N (this haspital) attended the that (I) (We) last saw the deceased alive an and haur and fram the causes stated above. (I) (23A. SIGNATURE) 23C. PHYSICIAN'S NAME (Type) D. Lindenstruth A. BURIAL CREMATION, 24B. DATE 24C. NAME (Specify)	NJURY OCCURED Al Mot While At Work Al More At More A
WEDICAL CE	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) (Hour) 21E. IN While Work 22. I certify that (N (this haspital) attended the that (I) (No.) last saw the deceased alive an and haur and fram the causes stated above. (I) (23A. SIGNATURE) 23C. PHYSICIAN'S NAME (Type) D. Lindenstruth A. BURIAL CREMATION, REMOVAL (Specify) D. Lindenstruth A. DATE REC'D BY HEALTH DEPT. 258. NAME OF A DATE REC'D BY HEALTH DEPT.	NJURY OCCURED At Not While 1965 ta 1966 deceased fram 1965 ta 1966 At We) (did) (did nat) view the bady after death. M.D. Attending Med. Director Phys. 23D. ADDRESS M.D. WE of CEMETERY or CREMATORY SOFT CEMETERY OF CREMATORY PREGISTRAR 250 FUNERAL DIRECTOR ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS
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	CE C	040	BALTIMORE CIT	Y HEALTH DEPARTMENT		CE CAMO
BIRTH NO.	65 6	ULU	CERTIFICA	TE OF DEATH	Registered No	. 65 6019
M.E. CASE NO.	CEASED				AND HOUR OF DEAT	
Type or Print)		C: 111	ani o		ne 4, 1965	*
PLACE OF DE	Donald EATH IN BALTIMORE, MA	APYLAND	bre			institution; residence before odmiss
				A. STATE B. COU	Balto.	institution; residence before gamiss
HOSPITAL OR			give street			e RURAL and give township)
	ohns nopkin	ne Hoei	nital	Towson, Ind.	411	63-60
3	omis "Opkin	15 1105	71 Gal	D. STREET ADDRESS	rurol, give locotion) vbrook Lar	ne
. SEX	6. RACE		, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24
m	cauc		D, DIVORCED (specify)	1-14-38	lost birthday	Months Doys Hours Mi
			à contract de la cont	11. BIRTHPLACE (State or for	reign country)	12. CITIZEN OF
one during most of	f working life, even if retired) RET		WILLE SUPPLY CO	Md.		USA
3. FATHER'S NA	7,		101-00 0 01/1/ 00	14. MOTHER'S MAIDEN NA	AME	0 5 4 1
	acob Gillis	spie		Blanche Boo		
. Wos Deceose	d Ever in U. S. Armed Fe	erces?	16. SOCIAL	17. INFORMANT		ADDRESS
es, no or unknow	(If yes, give wor or dot	tes of service)	SECURITY NO.	Acc Rm shee	t	
1B.	OXI		CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEA	SE OF CONDITION DI LEADING TO DEATH			7 7	7 -1- 0	
(This does	nal mean the made at			ateral lower		? week
	, asthenia, etc. It means		, , ,	neumonia wit	h anoxia	
injury ar ca	mplication which cause	d death.)	8	ind cardiac a		
	mplication which caused ANTECEDENT CAUSE	d death.)	(B)			
DISEASES	mplication which caused ANTECEDENT CAUSE OR CONDITIONS, if	d death.) S any, giving	(B) DUE TO	nd cardiac a	rrest.	2h wrs.
DISEASES	mplication which caused ANTECEDENT CAUSE	d death.) S any, giving	(B) DUE TO		rrest.	24 yrs.
DISEASES	mplication which caused ANTECEDENT CAUSE OR CONDITIONS, if the abave cause (A) IG CONDITION last,	d death.) S any, giving	(B) (B) DUE TO	nd cardiac a	rrest.	A
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1-125	BALTIMORE C	ITY HEALTH DEPARTMENT
SUMETOF	BIRTH NO. CERTIFIC	CATE OF DEATH Registered No. 60 6120
ferences and feath on the on the h. Such	M.E. CASE NO. 1, NAME OF DECEASED	2. DATE AND HOUR OF DEATH
S	(Type or Print) MARY J. HARRISON	6-5-65 11:55 P.N
mr 5 0 0 €	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)
Spinos		A. STATE B. COUNTY
de de	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR address or location)	VIRGINIA \
0	INSTITUTION addiess of locology	C. CITY OR TOWN (If outside city limits, write RURAL and give township)
	THE JOHNS HOPKINS HOSPITAL	WAVERLY
		D. STREET ADDRESS (If rurol, give locotion)
de.		RURAL
Bac	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
ı	FEMALE WHITE WIDOW	6-27-84 lost birthdox Months Doys Hours Min,
	10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (State or foreign country) .12. CITIZEN OF WHAT COUNTRY?
ı	HOUSEWIFE OWN HOME	VIRRINIA 115A
-	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
,	JOHN BAGE	MARY V. CHARLES
	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
5	No -	FAMILY RECORDS
		OF DEATH INTERVAL BETWEEN
d or	DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
- 0	LEADING TO DEATH	Abdominal Sepsis several hours
r at	(This does not meon the mode of dying, e.g., DUE TO heart failure, asthenia, etc. It means the disease,	Specific and the state of the s
ar o	injury or complication which coused death,)	
ge	ANTECEDENT CAUSES (B)	otal Bowel Infavetion
0 0	DISEASES OR CONDITIONS, if ony, giving	
9	rise to the obove couse (A) stoting the (C)	esentisic Ortery thrombosis a is
ıns	UNDERLYING CONDITION Iosi.	
	7	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
8	DISEASE OR CONDITION CAUSING IT.	20 A AUTOBOX2 (Yes or No.) 208 IE VES WERE FINDINGS CONSIDERED
i	WAS PERFORMED SENSE	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
1	The state of the s	g., in a about 21C. WHERE DID (If in Baltimore City, give exact location)
0	OR CONTRIBUTING CAUSE OF home, form, foctory, street	, office bldg., INJURY OCCUR?
	U	
	21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
	(APPROX.) While At Work At W	While Order
	22. I certify that ((this hospital) attended the deceased from	
	that (2) (we) lost sow the deceased alive an	19 6 5 and that In (our) opinion death occurred on the date
-	and hour and from the couses stated above. ((We) (did)	
	23A. SIGMATURE	23B, DATE SIGNED
	Harmoz (1 say/M.D.	Attending Med. Stoff Phys. 6.5.65
	23 C. PHYSICIAN'S	23D. ADDRESS
1	NAME (Type)	o. Johns Hookins Hosp.
ppro	1101 440 2 11 224	
3	24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	
į	KEM. /BURIAL 6/8/65 MINILY BURIAL	GROUND WAVERLY, VIRGINIA
Written	25A, DAVE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	250 FUNERAL DIRECTOR ADDRESS
-	IIIN 9 1965 DO R. Q. T. D	John Burus Sons, lowon, Med
	VS 150-REV. 1/1/65	0 4 5 9 9

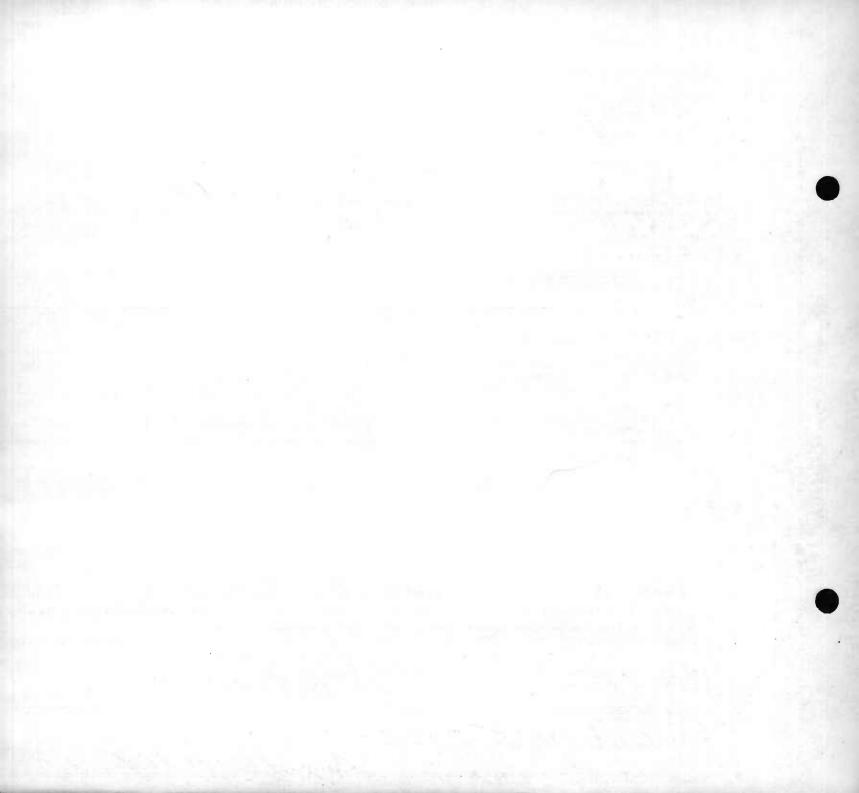


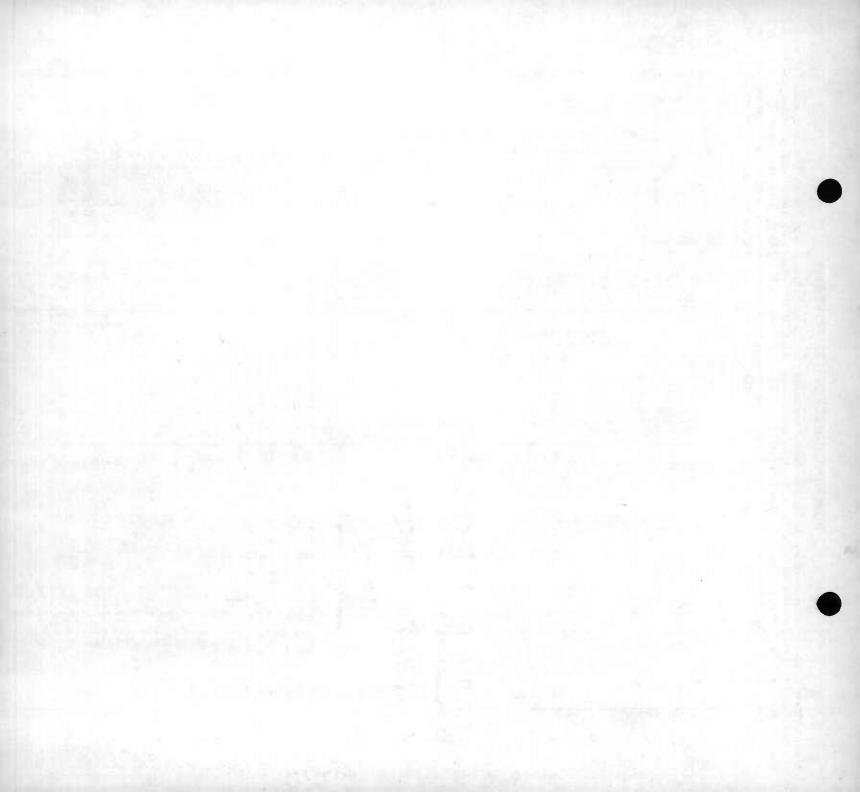
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BALTIMORE CITY HEALTH DEPARTMENT

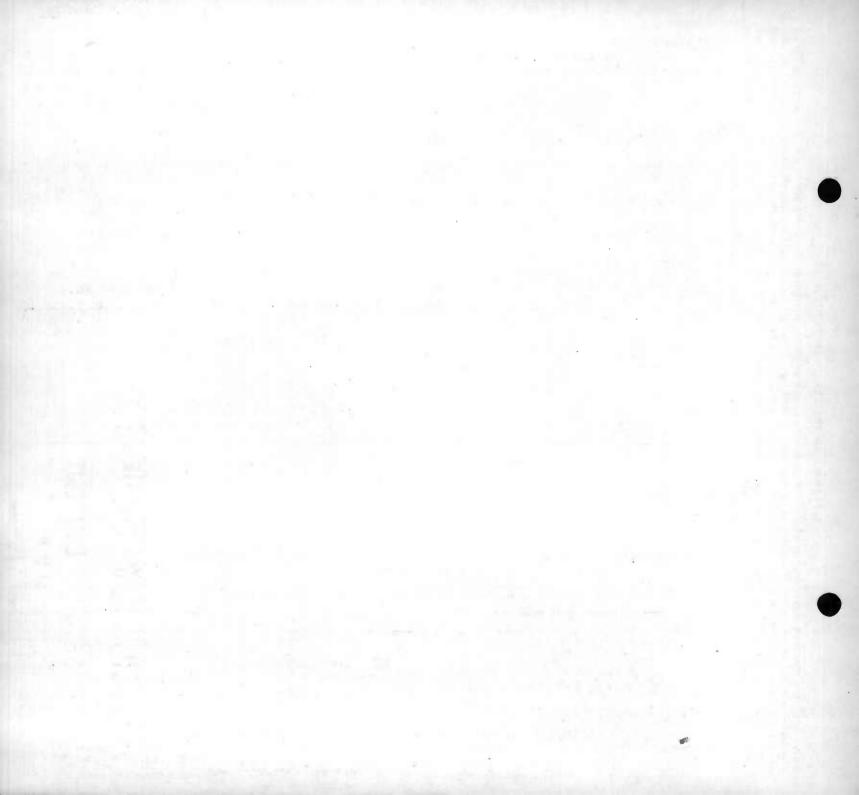
8/65- generalized Arlenoscleusis Inform from Provident Hosp- see Dacit file Bur of Brostatistics - american Bedg - fe.

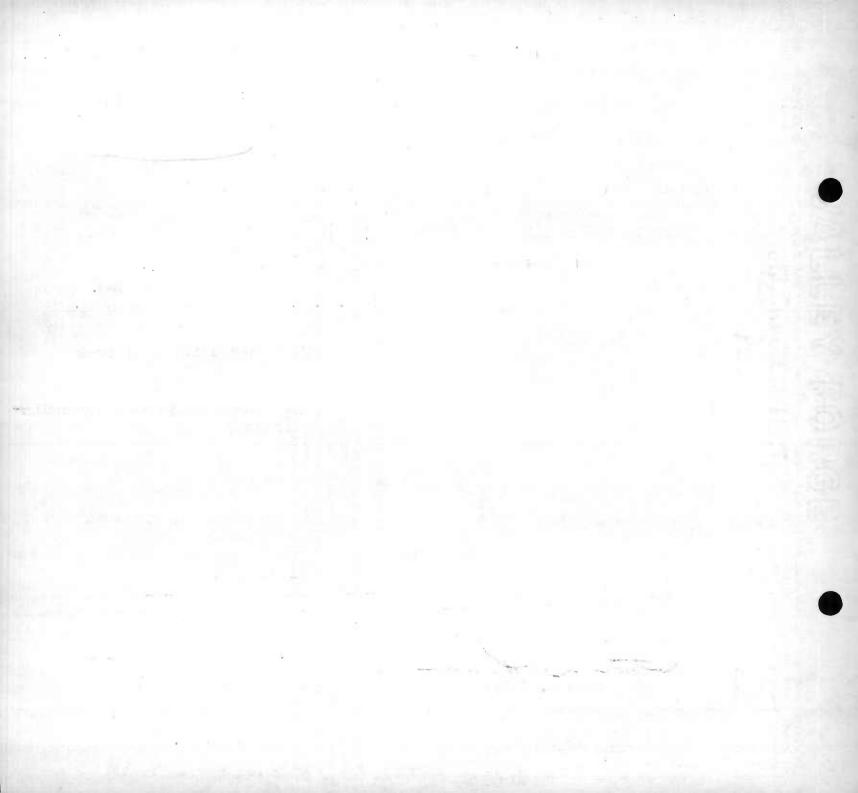
65 6022	BALTIMORE CITY	HEALTH DEPARTMENT	fr	5 6022
BIRTH NO.	CERTIFICA	TE OF DEATH	Registered No.	
M.E. CASE NO. 1. NAME OF DECEASED Harry W. (Type or Print)	White.		HOUR OF DEATH	6:110
3. PLACE OF DEATH IN BALTIMORE, MARYLAND				tions residence before admission
FULL NAME OF (If not in hospital or institu	tion, give street	A. STATE B. COUN	ITY	13-12
HOSPITAL OR oddress or locotion)	11	Baltin	tside city limits, write RUR/	AL and give township)
University Hos	land 1	D. STREET ADDRESS . (If	rurol, give location)	loe.
	RRIED, NEVER MARRIED OWED, DIVORCED (specify)	B. DATE OF BIRTH 11-4-04	9. AGE (In years If lost birthdoy)	Under 1 Yr. If Under 24 Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KINdone during most of working life, everyif retired)	D OF BUSINESS OR INDUSTRY	Haward		2. CITIZEN OF WHAT COUNTRY?
13. FATHERS NAME	-/-	14. MOTHER'S MAIDEN NA		α. σ. α.
Henry Whr	te.	Musical		
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or dates of sen	16. SOCIAL SECURITY NO. 213-14-008	17. INFORMANT	- 2109 Au	address si
18. 3 5 4 X I	CAUSE	,		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	He	morrhage	infarctio	4
(This does not mean the mode of dying,		1 16 2	-	
hearl failure, osthenia, etc. 11 meons the dis injury or complication which coused death.)	ease,	T me pour	· <	
ANTECEDENT CAUSES	(B) H	rperten	5104	
DISEASES OR CONDITIONS, if any, g	DUE TØ / /			
rise to the above cause (A) stating		~ x ***********************************	***	******* = C = 000 0000 00 000 0000 0000
UNDERLYING CONDITION last.				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	UTING THE			
	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	20B. IF YES, WERE FIND	INGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED		Yes	IN CERTIFYING CAUSES	OF DEATH?
21A: ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21 B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	or obout 21C. WHERE DID	(If in Baltimore Cit	y, give exoct tocotion)
21D. TIME (Month) (Doy) (Year) (Hour)	21 E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
S OF INJURY	While At Not While			
	Wark At Work			,,,
22. I certify that (1) (this hospital) attend				V (- 6 196)
that (I) (we) lost sow the deceased alive	on <i>U/ - (</i>	9 19 6 V ond th	ot in(my) (our) opinior	death occurred on the do
ond hour and from the causes stated abo	ve. (i) (We) (did) (did not) v	iew the body ofter death.		
23A. SIGNATURE LOQUE	O Jan. Atte	nding Med. Director	Sloff 231	DATE SIGNED
23C. PHYSICIAN'S NAME (Type) PO dyloc	4	23D. ADDRESS	met Ho	putal
24A. BURIAL CREMATION, 24B. DATE 24 REMOVAL (Specify)	C. NAME of CEMETERY OF CRE	MATORY 24D. L	OCATION (City, N	own, or county) (State)
Buriel 6-9-65	mit lubre !	Be. Be	ettime . To	A.
JUN 9 1965 Toler S. P.	ME OF REGISTRAN	25C. FUNERAL DIRECTOR	6 1548N.C	ADDRESS
VS 150-REV. 1/1/65	9 6 5 (1)	1575		





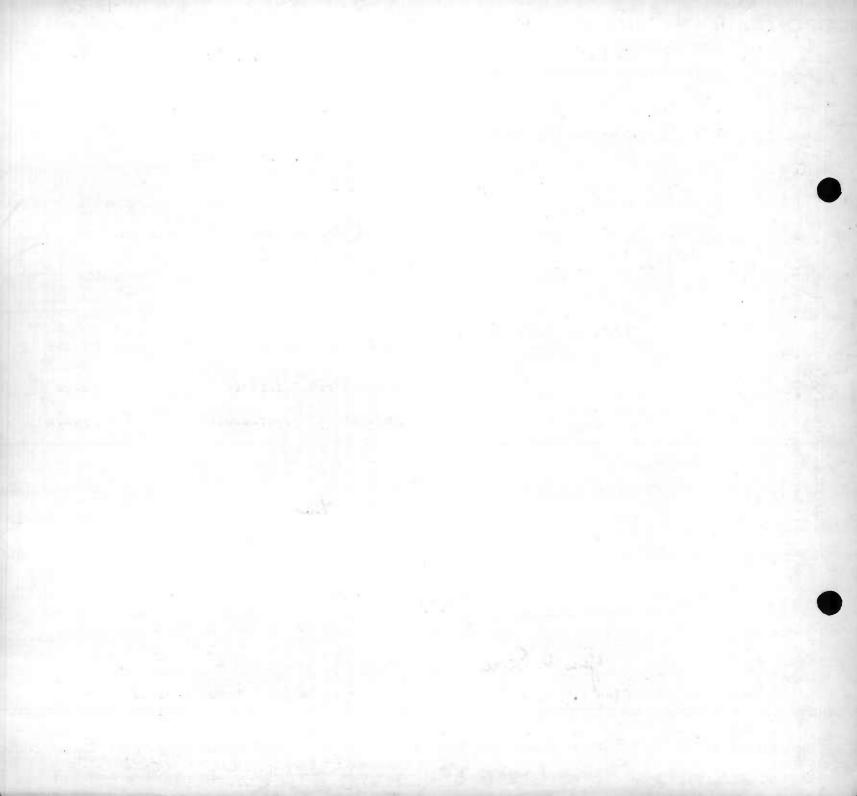




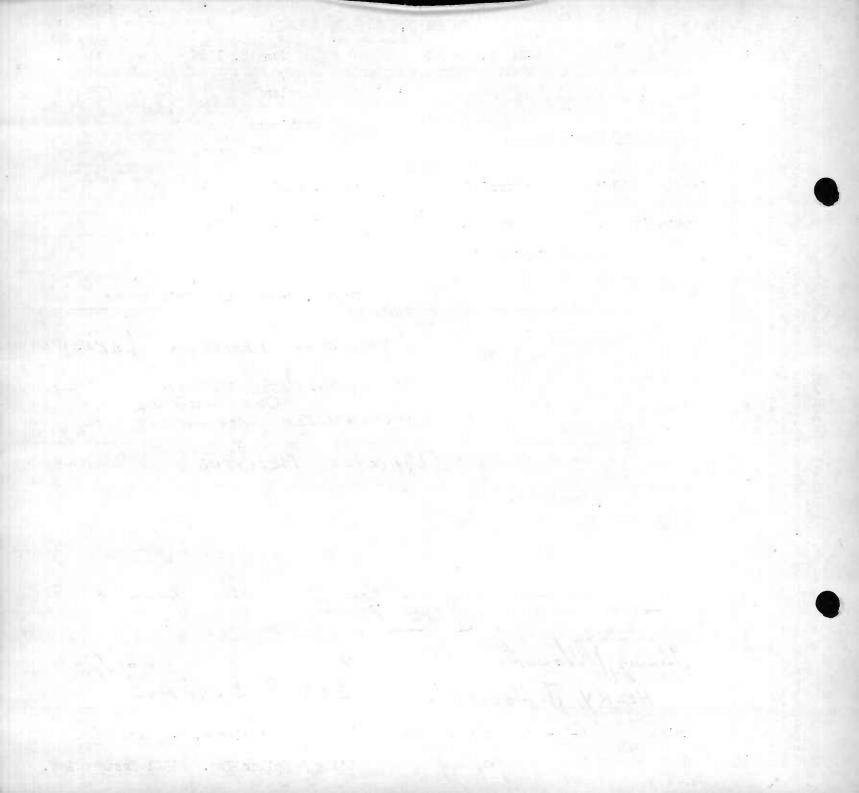


DIRECTOR:

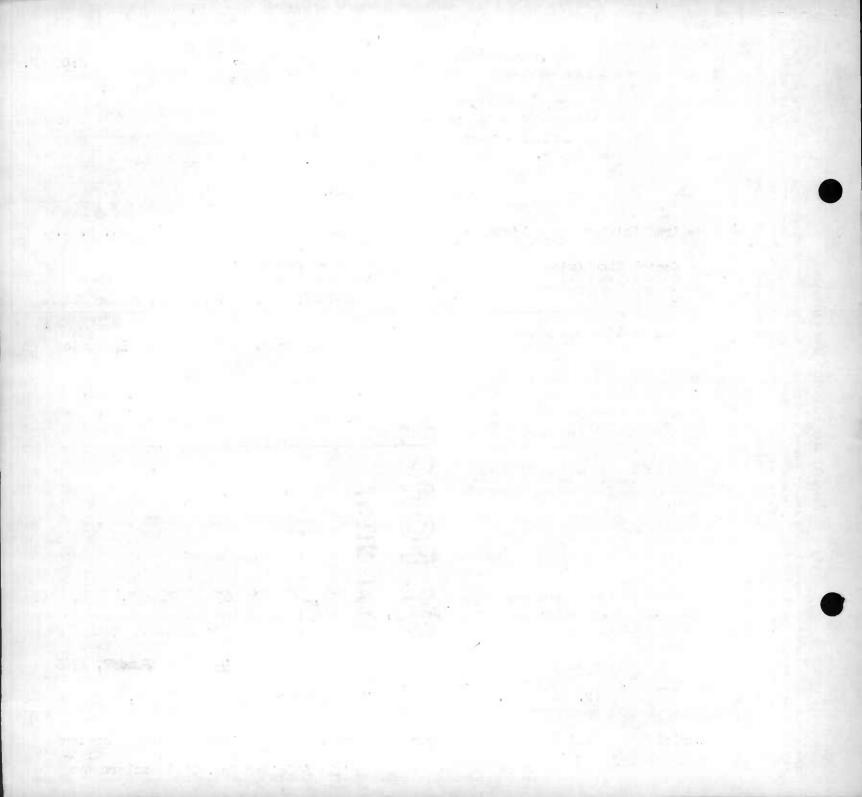
FUNERAL



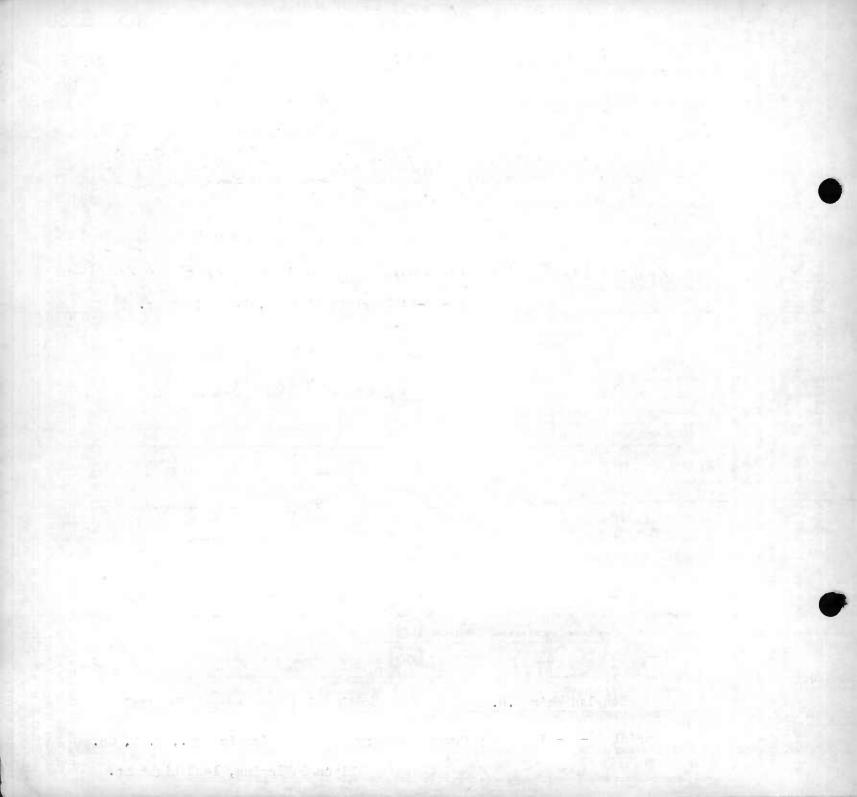
VS 150-REV. 1/1/65



LS: 43-70-69	BIRTH NO. 65 6029 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. 65	5 6029
death death n the Such	M.E. CASE NO. 1. NAME OF DECEASED (Type or Print) Carl Stachowiak 2. Date and Hour of Death June 7, 1965	
pital of deat Decease ce on the Suc	3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceosed lived, If institution A, STATE 8. COUNTY	2:00 P.M. n: residence before admission)
a hos cause se; (5) endanc to de	FULL NAME OF HOSPITAL OR INSTITUTION Relatimore City Hosptials Maryland C. CITY OR TOWN (If autside city limits, write RURAL Baltimore) Relatimore City Hosptials	-0/3-
ed in d cau	4940 Eastern Avenue Baltimore, Maryland #21224 D. STREET ADDRESS (If rural, give location) 529 S. Potomac Street#21224	
h occurred in contributing stermined ca regular at ceased prior n is made.	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthdoy) Married 2-2-06 59	nder 1 Yr. If Under 24 Hrs. Hours Min.
# 7 8 . 6 . 6	Debined Debutes Bishen Debu Memuland	U. S. A.
if dect waw the	Joseph Stachowiak 14. MOTHERS MAIDEN NAME Rose Jankowski	
ORTAN) assistant if the dii ty kind; od death lance on	(Yes, no arunknawn) (If yes, give war ar dates of service) No No No No No No No No No N	
S S S S S S S S S S S S S S S S S S S	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH CAUSE OF DEATH CAUSE OF DEATH CAUSE OF DEATH (A) Cardiac Arrest	I Minute
examiner examiner. 3) A fractur n who pron n regular are embal	(This does not mean the mode of dying, e.g., heard foilure, osthenio, etc. II means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the obove couse (A) stating the UNDERLYING CONDITION last.	
chie Body the ysic	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDIN IN CERTIFYING CAUSES OF NO.)	
Per Che	OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR?	give exoct location)
ved hos natu cept id (6)	Wark At Work	
of arrived the position of arrived (e.g., th.); (e.g., th	22. I certify that (I) (this haspital) attended the deceased from May 27. 19 65 to June that (I) (we) lost saw the deceased alive on June 7. 19 65 and that in (my) (our) opinion d and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.	7.9 19 65 , leath occurred on the date
must be released rccident a hospit	23A. SIGNATURE M.D. Attending Med. Stoff 733	me 7, 1965
certificate m sody was rel 7s: (1) An acc D.O.A. at a l ased prior to	Dr. Howard K. Rathbun M.D. 4940 Eastern Avenue Baltimore	, Maryland #24
This certif the body shows: (1) was D.O deceased written a	Burial 6/11/65 Holy Rosary Cemetery Baltimore, County 25A. DATE REGO BY HEALTH DEPT. 24B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR Lilly & Zeiler Inc. 1901 Eas	Maryland
	The state of the s	

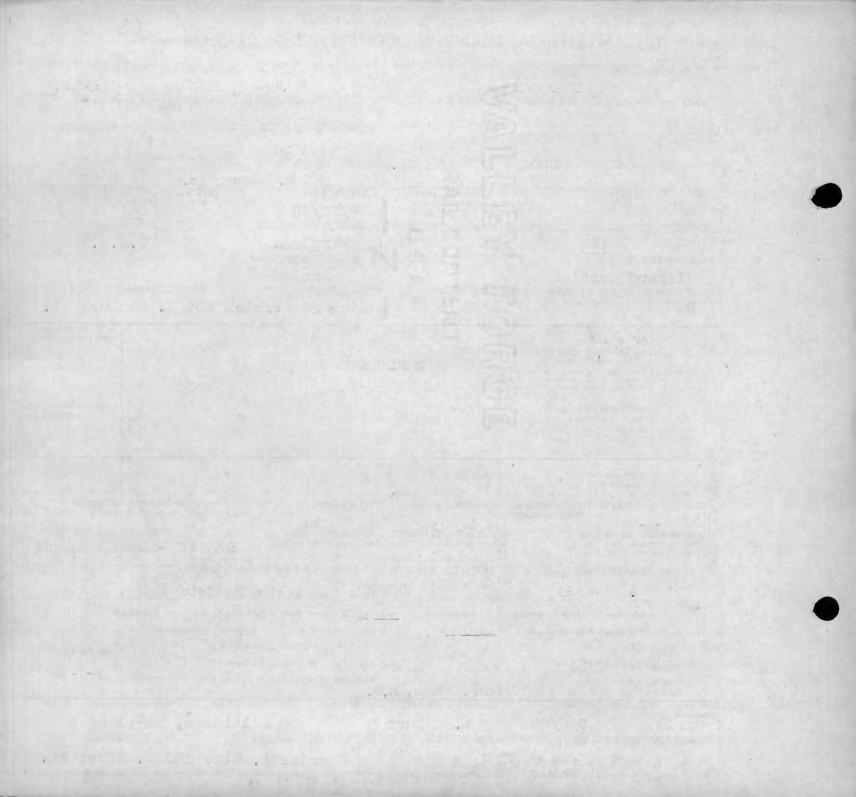


)]	BALTIMORE CITY HEALTH DEPARTMENT
2.0	RTH NO. LE CASE NO. CERTIFICATE OF DEATH Registered No. 65 6030
) 1.	NAME OF DECEASED 2. DATE AND HOUR OF DEATH
	PLACE OF DEATH IN BALTIMORE, MARYLAND PLACE OF DEATH IN BALTIMORE, MARYLAND 14. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceosed lived, If institution; residence before admission as STATE B. COUNTY
	FULL NAME OF (If not in hospital or institution, give street) Manufand.
j	HOSPITAL OR oddress or locotion) INSTITUTION C. CITY OR TOWN (Il outside city limits, write RURAL and give township)
	Baltimore. #21230.
¢	D. STREET ADDRESS (If rurol, give locotion)
	South BaltimoreGENERA/Hosp/446 Right St.
	SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. 6. (In years lif Under 1 Yr. If Under 24 H Months; Doys Hours; Min.
	1. W. Widow. 2-28-1890 15.
	A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	None. Maryland.
3	FATHER'S NAME
	Theodore Fanomann docephine tinke
5 Y	. Wos Deceased Ever in U. S. Armed Forces? es,no or unknown) (If yes, give wor or dotes of service) ADDRESS ADDRESS 17. INFORMANT ADDRESS
	212-14-1387 Melvin Pierson, 1446 Light St.
-	18. CAUSE OF DEATH ITERSON, 1440 LIGHT SU.
	DISEASE OR CONDITION DIRECTLY
	LEADING TO DEATH
	(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,
	injury or camplication which caused death.)
	ANTECEDENT CAUSES (B) DUE 10
	DISEASES OR CONDITIONS, if any, giving
	rise to the above cause (A) stating the (C) UNDERLYING CONDITION last.
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE
PRTIFIC	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
200	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C, WHERE DID (If in Boltimore City, give exact location)
AL	OR CONTRIBUTING CAUSE OF Come, form, foctory, steek, office bidg., INJURY OCCUR?
į	
222	Will A - NA Will -
~	(APPROX.) While At Work Not While At Work
	22. I certify that # (this hospital) attended the deceased fram 6-5 1965 to 6-6 1965
	that (we) last saw the deceased alive an 6-6 19 6 5 and that in (aur) apinian death occurred an the de
	and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death.
	23A SIGNATURE 23B, DATE SIGNED
-	M.D. Attending Med. Stoff W
	NAME (Type)
1 4	Douglas Weir M.D. M.D. South Baltimore General Hospital A. BURIAL CREMATION, 124B, DATE 124C, NAME of CEMETERY of CREMATORY 124D, LOCATION (City, Joyn, of County) (Stoke)
£ 44	REMOVAL (Specify)
	Burial 6-10-65 Holy Cross Cemetery Ritchie Hwy., A. A. Co. A. DATE REC'D BY HEALTH DEPT. 258 NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS
25	A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS
	The state of the s
,	150-REV. 1/1/65

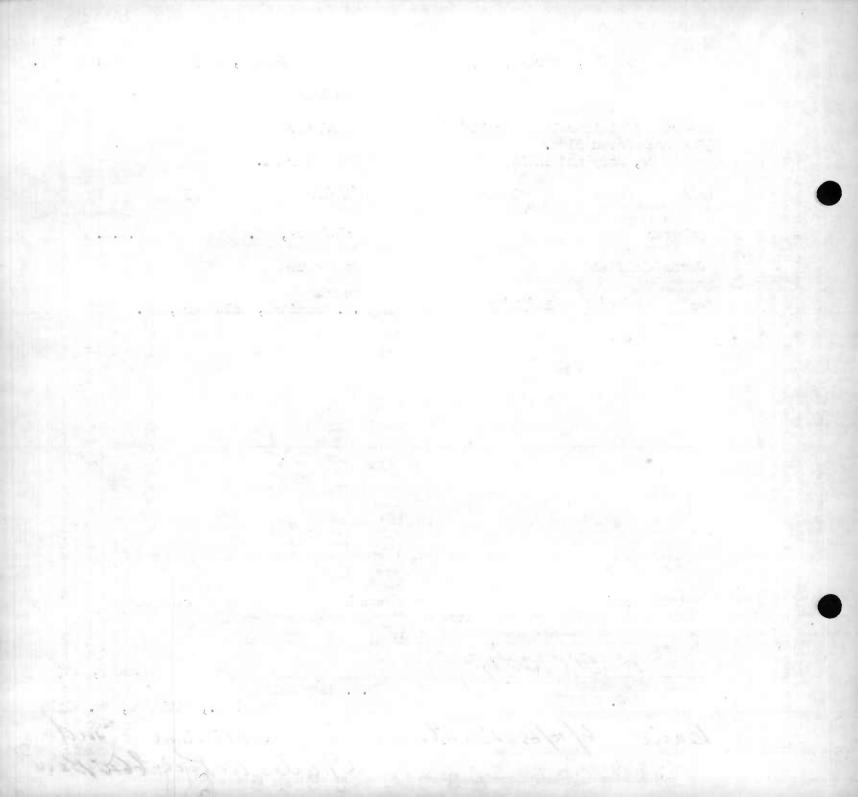


C-652

	тн но. 6	5 60 MED	ICAL EX	CAMINER'S C	ERTIFICAT	TE OF	DEATH Register	red No.	9031
-	NAME OF DE	CLASED				To make and	D. HOLLD BRONGLINGS	D DIAD	
(Ту	pe ar Print)	ANTONIO C	ORNISH			June	5, 1965	12	2:59 P. M.
3. P	LACE IN BAL	TIMORE, MARYLAND, V	WHERE PRONOL	INCED DEAD	4. USUAL RESID	ENCE (Where	deceased lived. If insti-	tution: residenc	e befare admission)
FUI	L NAME OF	(IF NOT IN HOSPI	TAL OR INSTITU	ITION GIVE STREET	Ma	ryland			
HO	SPITAL OR	ADDRESS OR LOC	ATION)	JTION, GIVE STREET	C. CITY OR TOV	WN (If outsid	e corparate limits, write	RURAL and g	ive township)
	III O NO II				Ва	1timore		1	
		SOUTH BAL	TIMORE G	ENERAL HOSP.	D. STREET ADDI	RESS (If rurol	, give location!		
					60	4 W. Ha	mberg St.		
5. S		6. RACE		NEVER MARRIED	8. DATE OF BIRTI		9. AGE (In years last birthday)		r. If Under 24 Hrs.
	Male	Negro	Never	Married	8/20/	63	Tust Billingsy	22	1
				BUSINESS OR INDUSTRY			gn country)	12. CITIZEN	OF
don	during most of	working life, even if retired) Child	3599		Mary	land		U.S.A	OUNTRY?
13.	ATHER'S NA				14. MOTHER'S M		E		
	Richa	rd Cornish			An	nie			
15.			D FORCES?	16. SO CIAL	17. INFORMANT		(6)	ADDRESS	
(Yes	, ne prunknawi NO	ED EVER IN U.S. ARME n) (If yes, give wor or do	tes of service)	NONO.		d Corn	ish 604 W.		irg St.
	18. 7	100 4		CAUSE	OF DEATH				ERVAL BETWEEN
	DISEA	ASE OR CONDITION D	NDECTI V					ON	ISET AND DEATH
		LEADING TO DEAT	Н	(A) Cranio	cerebral	iniury			
	heort foilure	not mean the mode of	is the diseose,	DUE TO					
	injury or co	amplication which coused	death.)						
		ANTECENDENT CAUS	SES	#5 4 L OH					
	DISEASES	OR CONDITIONS, IF	ANY, GIVING	DUE TO					
	UNDERLYI	HE ABOVE CAUSE (A) : ING CONDITION LAST.							
Z		A PALLON		(C)					
ERTIFICATION		В			The state of the s	18 14 18		100	
0		SNIFICANT CONDITIONS DEATH BUT NOT R							
H	DISEASE	OR CONDITION CAUSIN	IG IT.	.0.000000					
18	19A. DATE O	F OPERATION 198, CO	REORMED	WHICH OPERATION	20A. AUTOPSY	? (Yes or No)	20B. IF YES, WERE FIN		
		-65 AL CAUSE WAS		injury	Ye		Yes		
U	UNDERLYING	MOR CONTRIB-	hame	PLACE OF INJURY (e.g., , farm, factory, street,	office bldg., INJURY	OCCUR?	School #129-	Rarro	S. Didoolar
1	UTING LCAL	USE OF DEATH.	etc.)	School yard			Streets	Daile	a Klugely
Σ	21D TIME	(Manth) (Day) (Ye	or) (Hour) 2	TE. INJURY OCCURRED	21 F. H	OM DID INT	URY OCCUR?	1	9./
	OF INJURY (APPROX.I	6 4 65	m. V	WHILE AT NOT AT W	WHILE ORK	Fell o	ff sliding b	ooard	
	22. I ce	rtlfy that I held an	Inquiry 🔲	Inspection Aut	opsy X one	d that on th	is basis, death in m	y opinion	
	resu	Ited from: Natural c	auses A	ccident X Suicid	e Hamici	de	Undetermined manne	er 🗆	
				7			KAMINER -		
	ACTUA	L (Sti	7 61	1.				D	ATE SIGNED
	SIGNAT		6.14	M.D.	ASSISTANT M				6-7-65
	EXAMI NAME		John	E. Adams, M,	ASSOCIATE M	EDICAL E	XAMINER		
23A	BURIAL CR			C. NAME of CEMETERY		23 D. I	OCATION (City,	tawn, or count	ty) (Stotel
	MOVAL (Speci Burial		7	Mt. Auburn			ltimore, 1		
24/	A. DATE REC'E	D BY HEALTH DEPT.	24B, NAME	OF REGISTRAR	24C. FUNER	AL DIRECTO	?	ADD	RESS
J	UN 9	1965 R.C. B	E. Farl	heima	Char	les A.	Rice 661	W. Bar	rre St.
VS	151-REV. 1/1	/65 N C	11/4	6 5 11 0	O Fr F	1 43 (4		



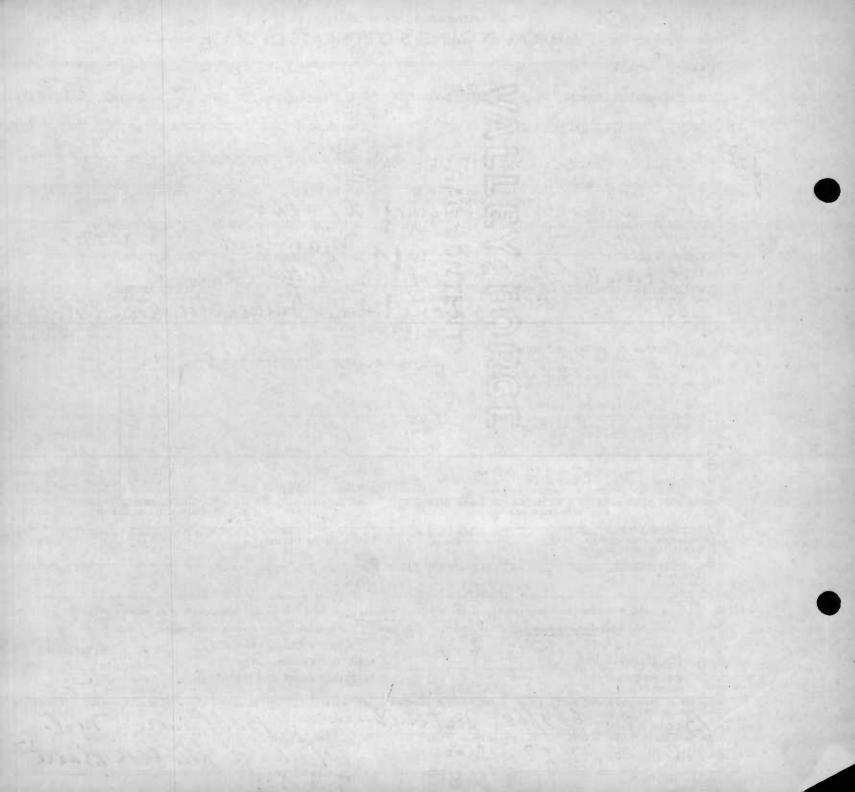
BRTH NO.	65 603	CERTIFIC	ATE OF DEATH Registered No.	5 6032
	CEASED		2. DATE AND HOUR OF DEATH	
Type or Print)	VINKFIELD, Aub	rev (NMT)	June 6, 1965	10:55 P.
	EATH IN BALTIMORE MA		4. USUAL RESIDENCE (Where deceased lived, if	
			A. STATE B. COUNTY	
FULL NAME		or institution, give street	Maryland	1000
INSTITUTION				RURAL and give township)
	Administrati		Baltimore	
-	ch Raven Blvd.		D. STREET ADDRESS (If rurol, give location)	
	e, Maryland 2		644 Dover St.	
. SEX	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years lost birthdoy)	Months Doys Hours M
Male	Negro	Widowed	4/18/12 53	
		108, KIND OF BUSINESS OR INDUST	RY 11. BtRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	of working life, even if retired)		Dellismanna Mil	
Labores N.			Baltimore, Md.	U.S.A.
	Vinkfield		Ada Pearson	
es, no or unknow	ed Ever in U. S. Anned Fo.	rces? 1 6. SOCIAL es of service) SECURITY NO.	17. INFORMANT Records	ADDRESS
Yes	6/27/42 To 1			Md. 21218
1B.	9 / 1		V.A. Hospital, Baltimore,	INTERVAL BETWEEN
DISE	ASE OR CONDITION DI	Dona	nchogenic Carcinoma with	ONSET AND DEATH
5130	LEADING TO DEATH		ensive metastasis	1 year
	nal meon the made of	dying, e.g., DUE TO		
	e, osthenia, etc. It means omplication which caused			
	ANTECEDENT CAUSES	(8)		
DISEASES	OR CONDITIONS, if	DUE TO		
DISEMSES				
rise lo				
	the above couse (A) NG CONDITION last.			
UNDERLYII	the above couse (A)			
UNDERLYII	the above couse (A) NG CONDITION last. NIFICANT CONDITIONS (sloting the (C)		
OTHER SIG	the above couse (A) NG CONDITION last. II NIFICANT CONDITIONS (DEATH BUT NOT RELA R CONDITION CAUSING	Sloting the (C) CONTRIBUTING ATED TO THE		
OTHER SIG	the above couse (A) NG CONDITION last. II NIFICANT CONDITIONS (DEATH BUT NOT RELA R CONDITION CAUSING	CONTRIBUTING ATED TO THE IT. HOLTON FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?
OTHER SIG TO THE DISEASE O	IN CONDITION I LOST. II NIFICANT CONDITIONS (DEATH BUT NOT RELA R CONDITION CAUSING OF OPERATION 198. CON WAS PER	CONTRIBUTING ATED TO THE IT. IDITION FOR WHICH OPERATION IFORMED	Yes Yes	FINDINGS CONSIDERED AUSES OF DEATH?
OTHER SIG TO THE DISEASE O	THE OBOVE COUSE (A) NG CONDITION lost. II NIFICANT CONDITIONS (DEATH BUT NOT REL. R CONDITION CAUSING OF OPERATION 198. CON WAS PER	CONTRIBUTING ATED TO THE IT. IDITION FOR WHICH OPERATION FORMED 21B. PLACE OF INJURY (e.g.	Yes Yes	FINDINGS CONSIDERED AUSES OF DEATH?
OTHER SIG TO THE DISEASE O DISEASE O	IN CONDITION I LOST. II NIFICANT CONDITIONS (DEATH BUT NOT RELA R CONDITION CAUSING OF OPERATION 198. CON WAS PER	CONTRIBUTING ATED TO THE IT. IDITION FOR WHICH OPERATION FORMED 21B. PLACE OF INJURY (e.g.	Yes Yes	
OTHER SIG TO THE DISEASE O 199A. DATE (1) 21A. ACCID OR CONTRI DEATH (not)	THE OBOVE COUSE (A) NG CONDITION lost. II NIFICANT CONDITIONS (DEATH BUT NOT REL. R CONDITION CAUSING OF OPERATION 198. CON WAS PER DENT WAS UNDERLYING BUTING CAUSE OF	CONTRIBUTING ATED TO THE IT. IDITION FOR WHICH OPERATION IFORMED 21B. PLACE OF INJURY (e.g. home, form, foctory, street, etc.)	Yes Yes	
UNDERLYII OTHER SIG TO THE DISEASE O 19A. DATE (21A. ACCID OR CONTRI DEATH (notice) 21D. TIME OF INJURY	THE ADDRESS CAUSE (A) NIFICANT CONDITIONS (A) DEATH BUT NOT REIN OF OPERATION 198. CON WAS PER ENT WAS UNDERLYING BUTING CAUSE OF	CONTRIBUTING ATED TO THE IT. HOITION FOR WHICH OPERATION FORMED 218. PLACE OF INJURY (e.g. home, form, foctory, street, etc) (Hour) 21E. INJURY OCCURRED While At Not W	Tes Yes Lin or obout 21C. WHERE DID (If in Boltimo office bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR?	
OTHER SIG TO THE DISEASE O 19A. DATE (21A. A CCID OR CONTRI DEATH (not) 21D. TIME OF INJURY (APPROX.)	The above couse (A) NG CONDITION last. II NIFICANT CONDITIONS (DEATH BUT NOT REIN R CONDITION CAU SELD OF OPERATION 198. CON WAS PER JENT WAS UNDERLYING BUTING CAUSE OF fy medical examiner) (Month) (Day) (Year)	CONTRIBUTING ATED TO THE IT. HOLTON FOR WHICH OPERATION FORMED 21B. PLACE OF INJURY (e.g. home, form, foctory, street, etc.) (Hour) 21E. INJURY OCCURRED While At Not W Work Not W	Tes Yes w, in or obout 21 C. WHERE DID office bldg., INJURY OCCUR? 21 F. HOW DID INJURY OCCUR?	re City, give exoct locotion)
OTHER SIG TO THE DISEASE O 19A. DATE (21A. A CCID OR CONTRI DEATH (not) 21D. TIME OF INJURY (APPROX.)	The above couse (A) NG CONDITION last. II NIFICANT CONDITIONS (DEATH BUT NOT REIN R CONDITION CAU SELD OF OPERATION 198. CON WAS PER JENT WAS UNDERLYING BUTING CAUSE OF fy medical examiner) (Month) (Day) (Year)	CONTRIBUTING ATED TO THE IT. HOLTON FOR WHICH OPERATION FORMED 21B. PLACE OF INJURY (e.g. home, form, foctory, street, etc.) (Hour) 21E. INJURY OCCURRED While At Not W Work Not W	Tes Yes Lin or obout 21C. WHERE DID (If in Boltimo office bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR?	re City, give exact location)
OTHER SIG TO THE DISEASE OF 19A. DATE OF 21A. ACCID OR CONTRI DEATH (notional 21D. TIME OF INJURY (APPROX.)	The above couse (A) NG CONDITION last. II NIFICANT CONDITIONS (DEATH BUT NOT REL. R CONDITION CAUSING OF OPERATION 198. CON WAS PER ENT WAS UNDERLYING BUTING CAUSE OF (fy medicol exominer) (Month) (Doy) (Yeor)	CONTRIBUTING ATED TO THE IT. IDITION FOR WHICH OPERATION FORMED 21B. PLACE OF INJURY (e.g. home, form, foctory, street, etc.) (Hour) 21E. INJURY OCCURRED While At Not W Work At Wo	Tes Yes w, in or obout 21 C. WHERE DID office bldg., INJURY OCCUR? 21 F. HOW DID INJURY OCCUR?	ne City, give exact location)
OTHER SIG TO THE DISEASE O 19A. DATE (21A. ACCID OR CONTRI DEATH (not) 21D. TIME OF INJURY (APPROX.) 22. I certif	The abave couse (A) NG CONDITION last. II NIFICANT CONDITIONS DEATH BUT NOT REL R CONDITION CAUSING OF OPERATION PRESENT WAS UNDERLYING BUTING CAUSE OF (Month) (Doy) (Year) Ty that (1) (this hospital e) lost saw the decease	CONTRIBUTING ATED TO THE IT. NOTION FOR WHICH OPERATION FORMED 21 B. PLACE OF INJURY (e.g. home, form, foctory, street, etc) (Hour) 21 E. INJURY OCCURRED While At Not W Work Not W Work 1) attended the deceased from ed alive an June 6	Ves Ves win or obout 21C. WHERE DID (If in Boltimo office bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? While June 1. 19 65 ta Jun. 19 65 ta Jun. 19 65 and that in 19 (our) against the second of the second	ne City, give exact location)
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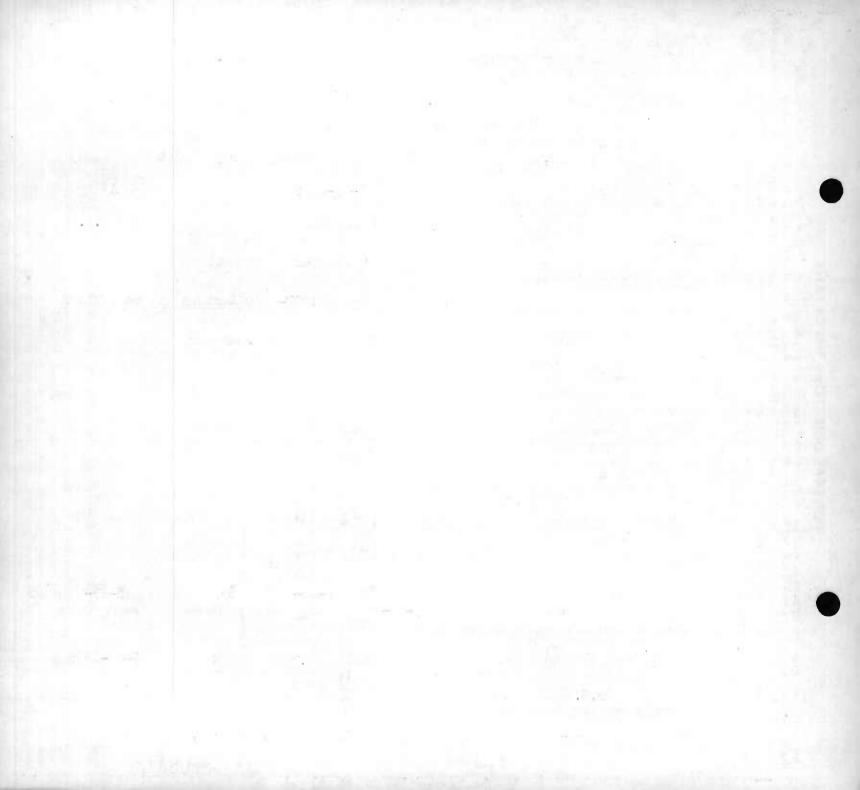


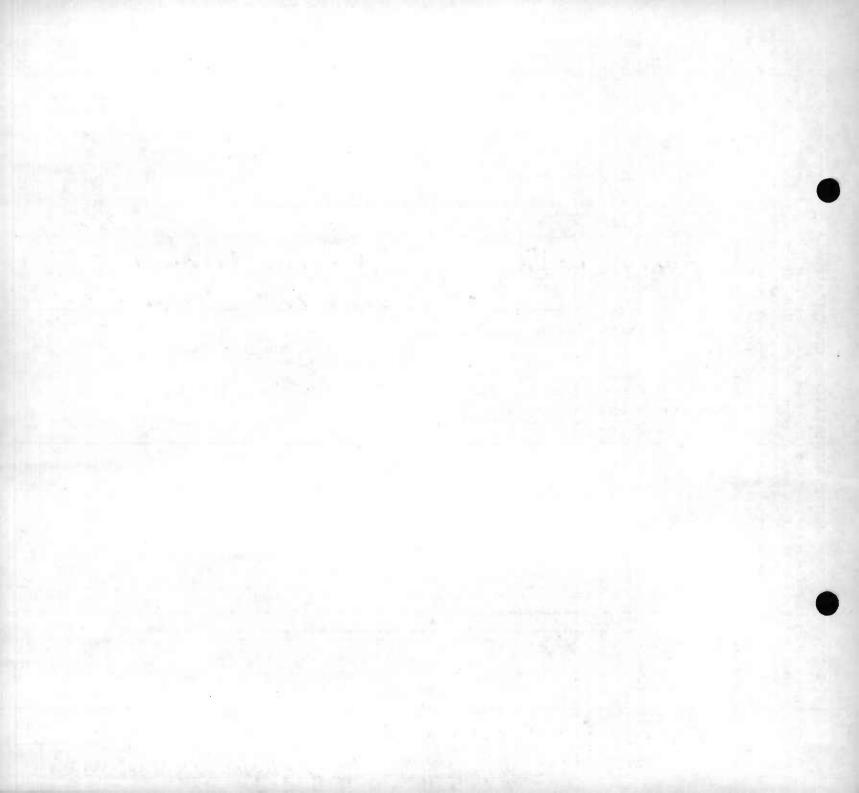
248 NAME OF REGISTRAR

VS 151-REV. 1/1/65

24C. FUNERAL DIRECTOR







the marriage and was a

	C) per		TY HEALTH DEPARTMENT		05 0007
BIRTH NO.	65	6037 CERTIFIC	ATE OF DEATH	Registered No.	<u>ha bua/</u>
M.E. CASE NO.	EASED		2. DATE A	ND HOUR OF DEATH	1/2
(Type or Print)	NISLAUS (JAMES) NOSEK		7, 1965	410 P
	ATH IN BALTIMORE		4. USUAL RESIDENCE (Wh	ere deceased lived. H	hastitution: residence before admission
			Md B. COU	NTY	17-70
FULL NAME O	F (If not in hospi address or loca	tol or institution, give street		(1 5 8
INSTITUTION	400,000 0, 100			utside city limits, write	RURAL and give township)
			Baltimore D. STREET ADDRESS (III	rurol, give location)	
	Gleneagle				
	lmore, Md 2	1212	1634 Glenes		
· SEX	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 F Months: Days Hours Min.
M	W	Widowed	5/8/1880	85	
	UPATION (Give kind of v working lite, even if retire	work 108. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF WHAT COUNTRY?
Labore		Canton Lumber C	Poland		U. S. A.
3. FATHER'S NA	. —	Odiron Danber O	14. MOTHER'S MAIDEN NA	AAF	0.0.n.
			THE MOTITER'S INTAIDER IN	WALE .	
George	Nosek Ever in U. S. Armed		Lucia Basin	ska	
5. Was Deceased	Ever in U. S. Armed	Forces? 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No	, , , , , , , , , , , , , , , , , , ,		4 Joseph Nosek	1634 GTA	nasola Rd.
18. 21 6	0 1			1001 010	
4-00	2./	A 1	OF DEATH	· Carli	ONSET AND DEATH
DISEA	SE OR CONDITION		chloseleroti		
(This door)		(A) V	101 461055E	22.692	. On O as a 000
	not meon the mode osthenio, etc. Il med				
injury or con	nplication which cous	sed deoth.)			
	ANTECEDENT CAUS	SES (B)	**************************************		
DISEASES (OR CONDITIONS,				
rise la lh	e above couse (
UNDERLYIN	G CONDITION last.				
-	- 11				
OTHER SIGNI	FICANT CONDITIONS	CONTRIBUTING			
DISEASE OR	CONDITION CAUSIN				
19A. DATE OF		ONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or N		FINDINGS CONSIDERED AUSES OF DEATH?
				III CERIII IIII C	AUSES OF BEATH:
U 21 A. ACCIDEI	NT WAS UNDERLYING	218 PLACE OF INJURY (e.g.	office bldg., INJURY OCCUR?	(If in Boltimo	re City, give exact lacation)
(DEATH (notify	medical examiner	home, form, foctory, street, etc.)	onice bidg., INJURY OCCUR?		
21 D. TIME	(Month) (Doy) (Ye	ed (Hand Die Inthieu Occurre	215 112 112 112	luav o a a : : :	
OF INJURY	(IVIONIN) (Doy) (Te		21F. HOW DID IN	JUKY OCCUR?	
(APPROX)		While At Work At Wo			
22	*ha* (1) (*h			19 (0 J to J	Jens 17 sal-5
		tal) attended the deceased fram	1 -		ane / 1961
that (I) (we)	last saw the dece	ased alive an July	19 65 and t	hat in (my) (out) ap	inion death accurred on the
and hour on	d from the causes s	stated above. (1) (We) (did) (d id not)	view the bady after death.		
23A. SIGNATU	JRE ,	4			23 B. DATE SIGNED
1/2) 1	1-4		ttending Med.	Stoff	1. 8-12
226 81170	- W. 1		hys. Director	Phy s.	6-8-65
23C. PHYSICIA	ype)	1 471	23D. ADDRESS	1 1	011
Wil	liam +	. Tusting MI	0. 4230 700	h / auc	- 13/VJ.
4A. BURIAL CRE	MATION, 248. DATE	24C. NAME of CEMETERY OF	REMATORY 24D, 1	LOCATION (C	City, town, or county) (State
REMOVAL (Specify)	. 0	STEP OF THE STATE		
Burial	6/11			altimore,	
5A. DATE REC'D	BY HEALTH DEPT.	25B. NAME OF REGISTRAR	John M. We		
JUN 9	1965 12 0. 6	TE Starley A.B.	401 S. Che	ster St.	
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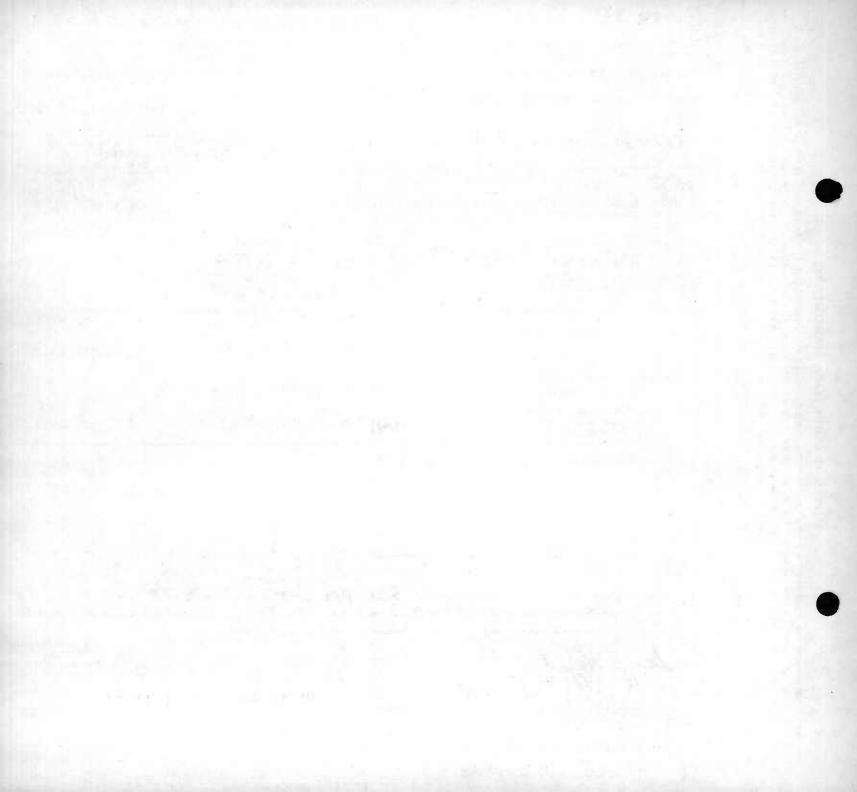
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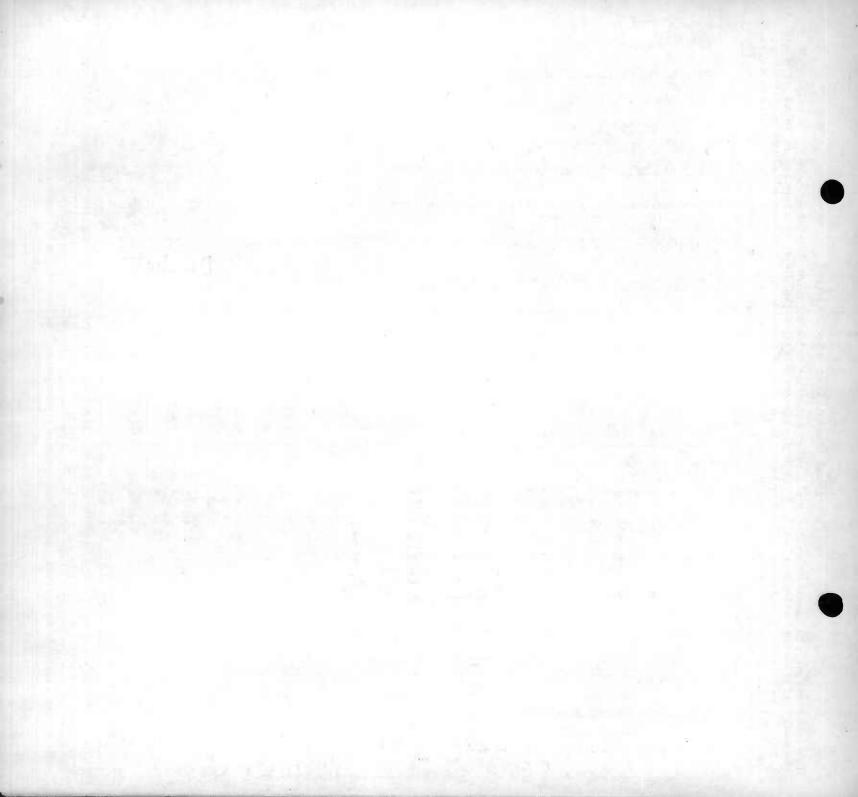
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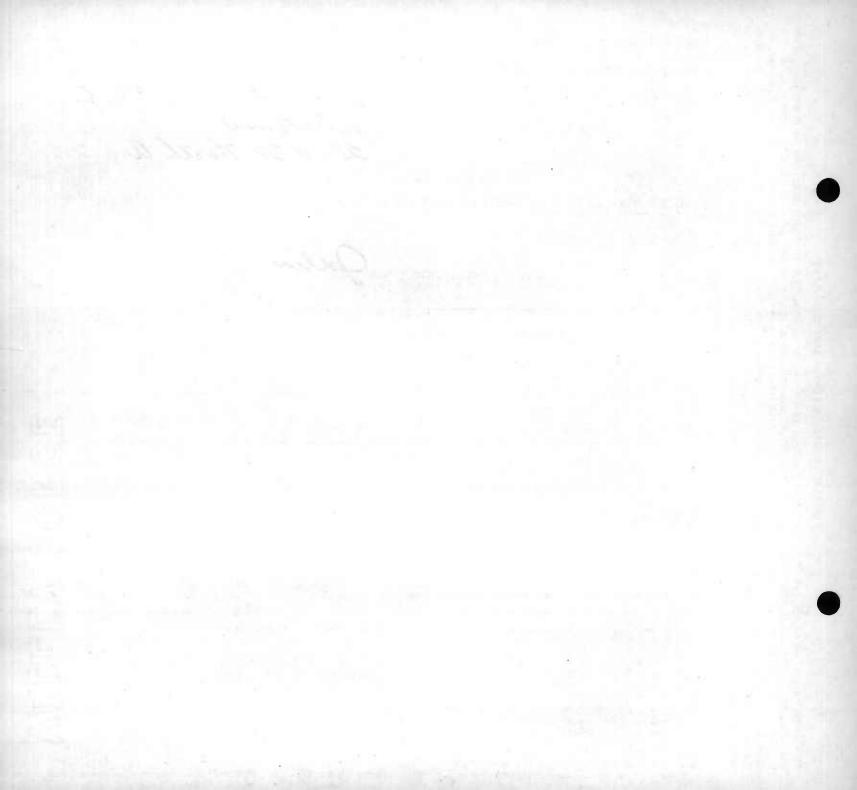
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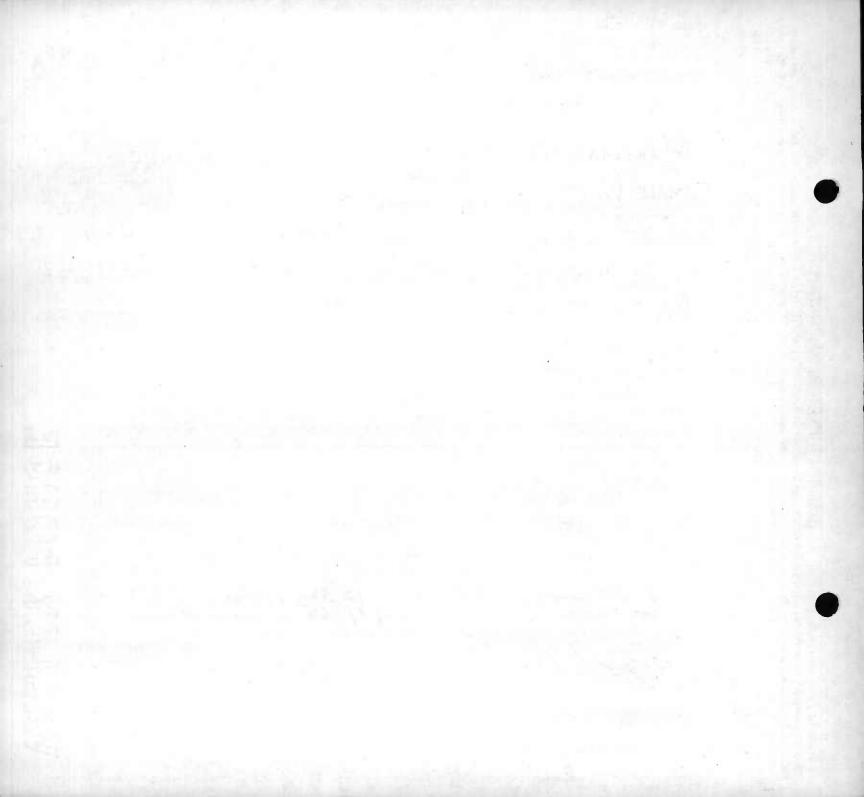


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· · · · · ·	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	1 0 00
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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in the body was released to the hospital by a medical examiner. Also, if the direct or contributing shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cauwas D.O.A. at a hospital (except where the physician who pronounced death was in regular aftecased prior to death); and (6) No physician was in regular attendance on the deceased prior written approval must be obtained before the remains are embalmed or final disposition is made.	
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	1710611		BALTIMORE CIT	Y HEALTH DEPARTMI	ENT	65 6039
BIRTH	H NO. 65-20611 6:	5 6035	CERTIFICA	TE OF DEA	TH Registered N	. 65 6039
M.E.	AME OF DECEASED				ATE AND HOUR OF DEA	TH
	e or Print) BAby Bo	y CUR	Le	2. 0	63165	220.
3. PI	LACE OF DEATH IN BALTIMORE		110	4. USUAL RESIDENC	E (Where deceased lived. I	f institution: residence before admis
FI		ital or institution, g	give street	A. STATE B.	COUNTY	ite RURAL and give township)
	NSTITUTION			0		Te RORAL one give township!
7	CILLA: FORD	01 771	1/1000	D. STREET ADDRESS	(If rurol, give location)	
^	SINAI FOUP	U		1415	Laurena S.	<u> </u>
5. SE	EX 6. RACE	7. MARRIED, WIDOWED	D. DIVORCED (specify)	6 26 65	9. AGE (In years lost birthday)	Months Doys Hours M
IDA	USUAL OCCUPATION (Give kind of	work 10B, KIND OF	BUSINESS OR INDUSTR			12. CITIZEN OF
	during most of working life, even if retir			MI		WHAT COUNTRY?
13. F	FATHER'S NAME			14. MOTHER'S MAID	EN NAME	
	1100000			11	ancy Du	abott
15 M	Wos Deceased Ever in U. S. Armed	Force s?	1 6. SOCIAL	17. INFORMANT	and Va	ADDRESS
(Yes.	(If yes, give wor or	dotes of service)	SECURITY NO.	IIII ORIVIAIT		No Dites
	18.		CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION	DIRECTLY		D	1	ONSET AND DEATH
	LEADING TO DEA			trema-	ture	
	(This does not meen the mode		DUE TO			
	heart failure, asthenia, etc. It me					
	ANTECEDENT CAU		(B)			
			DUE TO			
	DISEASES OR CONDITIONS,		101			
	UNDERLYING CONDITION last.		(C)	. www. 0000 0000 0000 0000 0000 0000 00		
-						
Z	OTHER SIGNIFICANT CONDITION	S CONTRIBUTING	3			
5	TO THE DEATH BUT NOT I	RELATED TO TH				Control of the Contro
CA	19 A. DATE OF OPERATION 198.	ONDITION FOR	WHICH OPERATION	20A. AUTOPSY? (Ye	es or No) 20B, IF YES, WE	RE FINDINGS CONSIDERED
RTIFI		PERFORMED			IN CERTIFYING	CAUSES OF DEATH?
Ö	21A. ACCIDENT WAS UNDERLYIN	G 21 B.	PLACE OF INJURY (e.g.,	in or obout 21 C. WHERE		more City, give exact location)
_	OR CONTRIBUTING CAUSE OF	hom etc.	e, form, foctory, street,	office bldg., INJURY OC		
U						
144	21 D. TIME (Month) (Doy) (Y OF INJURY		INJURY OCCURRED		DID INJURY OCCUR?	
3	(APPROX)	Whi	ile At Not Wh			ſ
	22 1 - 24 1 - 42 /21 1			mil	19ta(2/3/6(- 19
	22. I certify that (I) (this hasp		1/2/1 0-			7 7
	that (I) (we) lost saw the dece	ased alive on	6/5/63	19	and that in (my) (our)	opinion death occurred on th
	and hour and from the causes	stated above. (I) (We) (did) (did nat)	view the body after	deoth.	
	23A. SIGNATURE	1/	0			23B. DATE SIGNED
	Chrono-	18000	M.D. A	ttending Med.	Stoff Phys	6/3/65-
	22C MAYSICIANES	/ ecce	P	lys. Directo	Phys.	7 3/ 3
	23C PHYSICIAN'S NAME (Type)	L		23D. ADDRESS		
			M.D	TOME DO	DD OF MAD	VIAND
24A	BURIAL CREMATION, 248. DATE		AME of CEMETERS OF E	REMATORY DUA	140 LOCATION	(City, Hown, or county) (St
200	REMOVAL (Specify)	9 1965	*=-1-		10 1100101	COHOOF
	9011		HOI.	NS HOPKIN	S MEDICAL	SCHOOL
25A	. DATE REC'D BY HEALTH DEPT.	258 NAME	REGISTRAR ALL	25C. FUNERAL DI	RECTOR	ADDRESS
	JUN 9 1965 (12.2)	L. Ja	AND THE REAL PROPERTY OF THE PERTY OF THE PE	MORT	HARV CEDW	ICE DOWN
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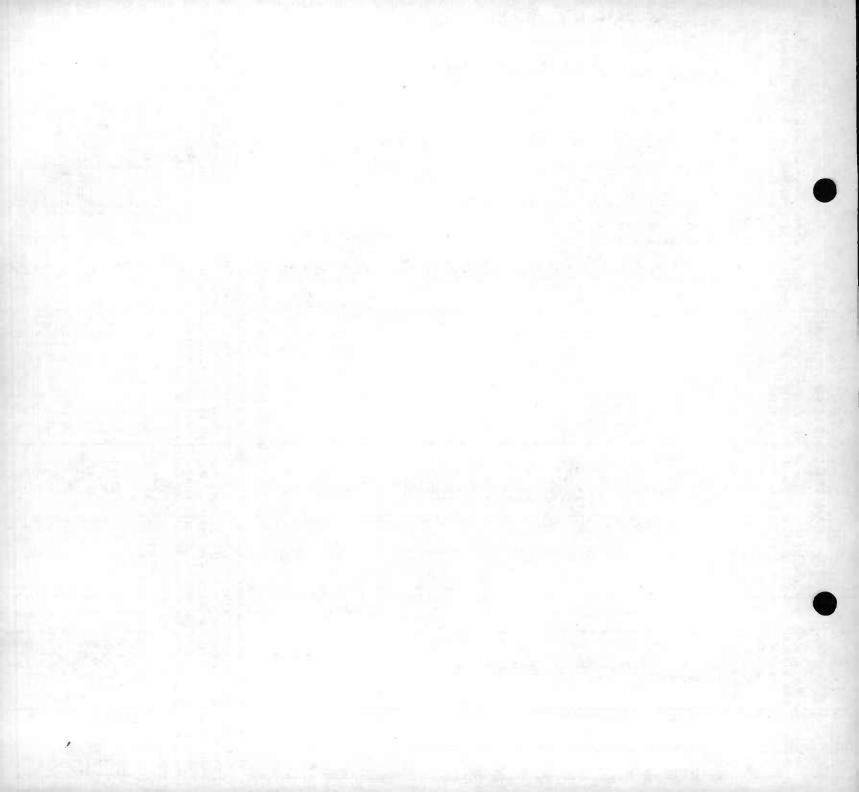
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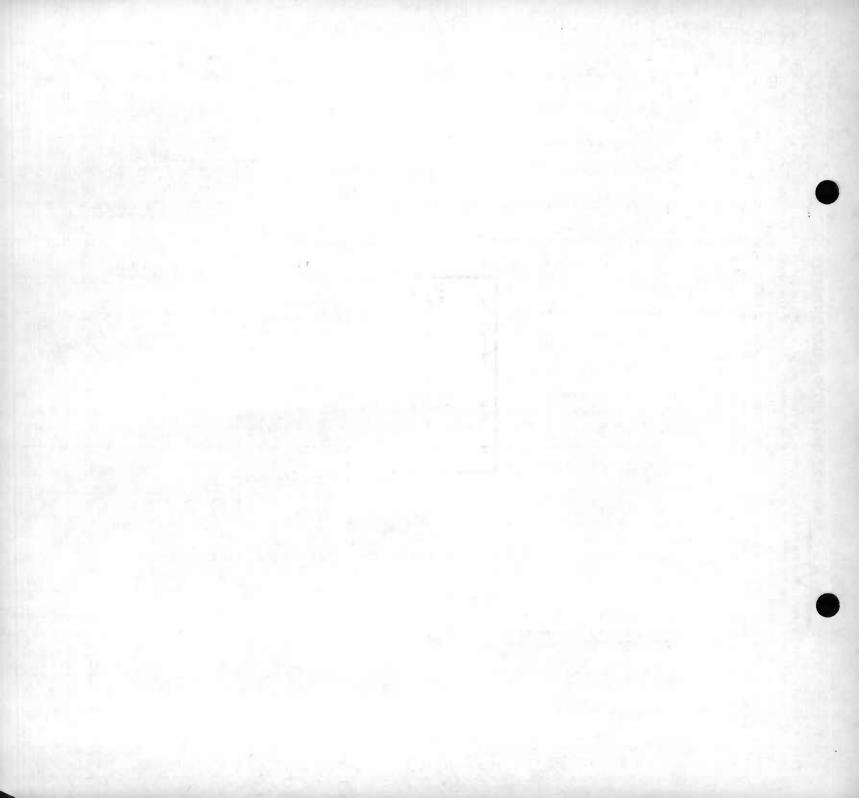
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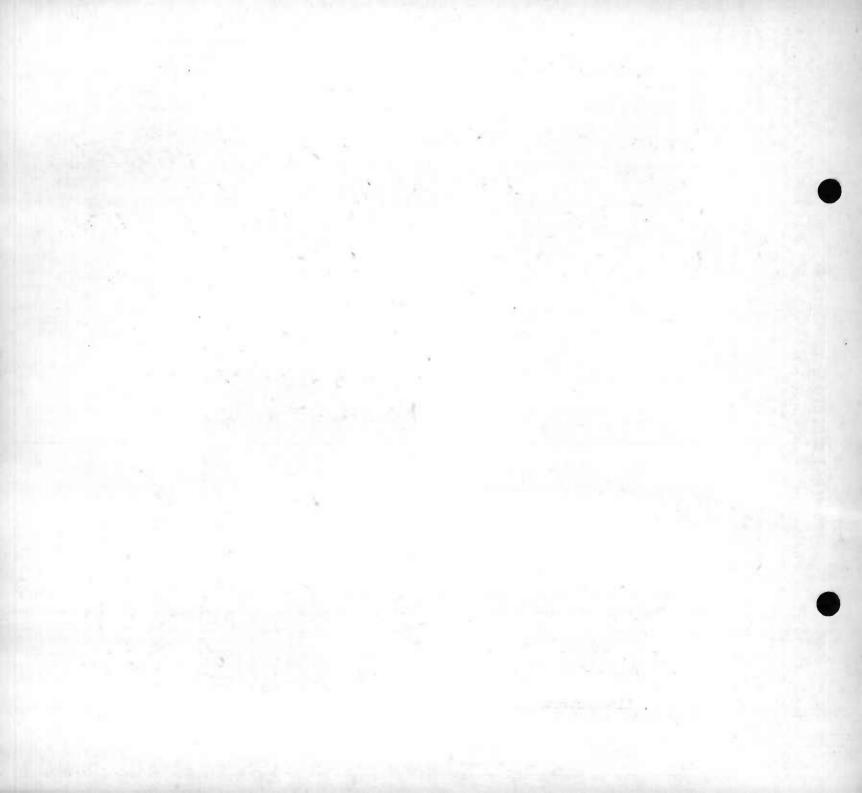
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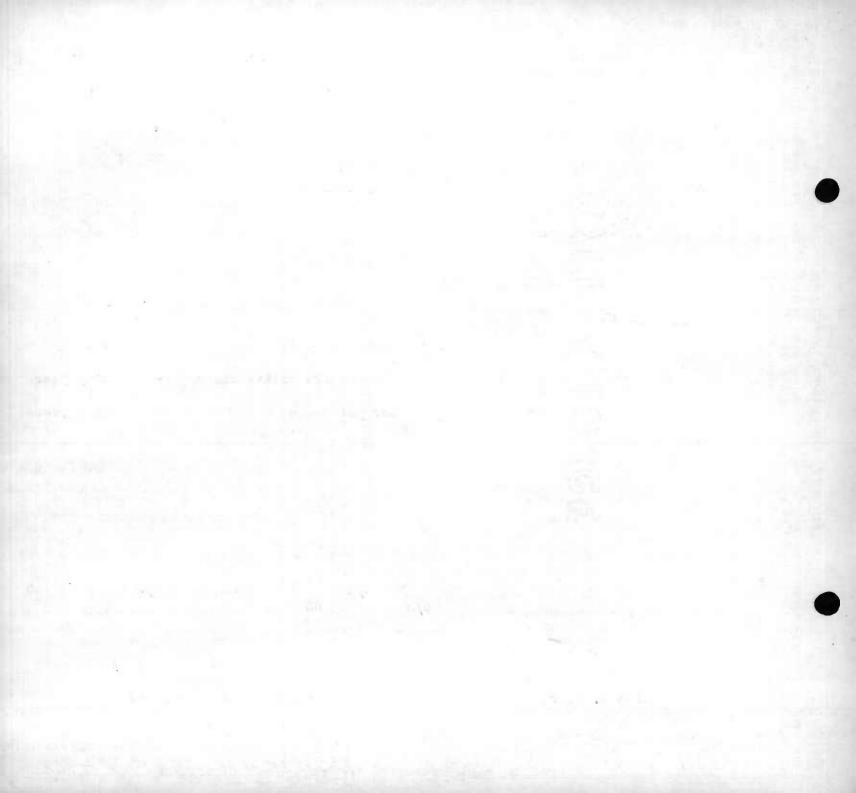




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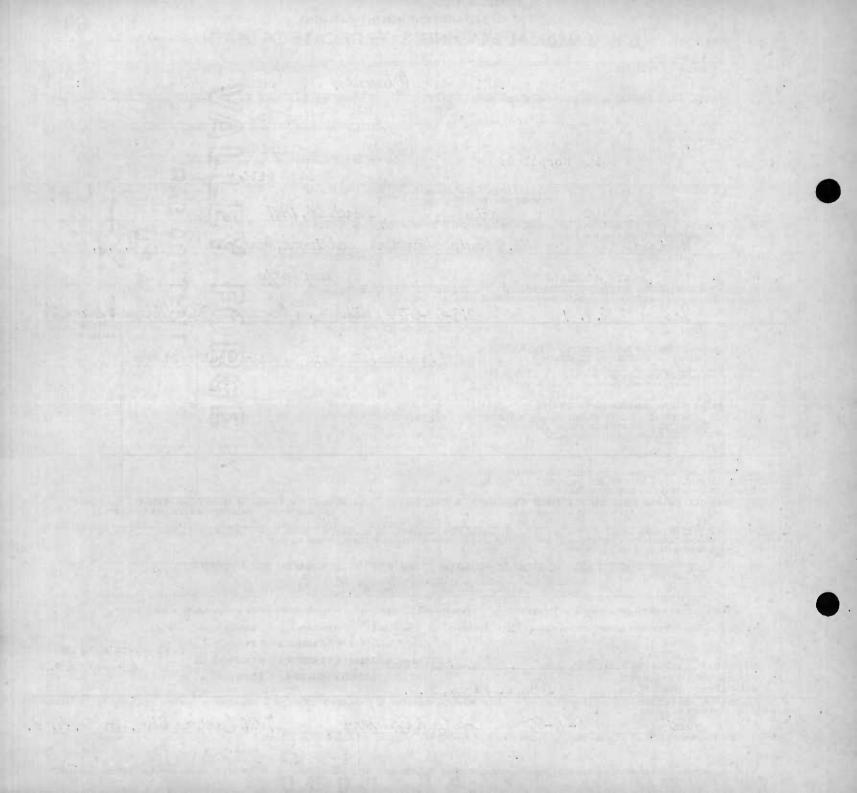
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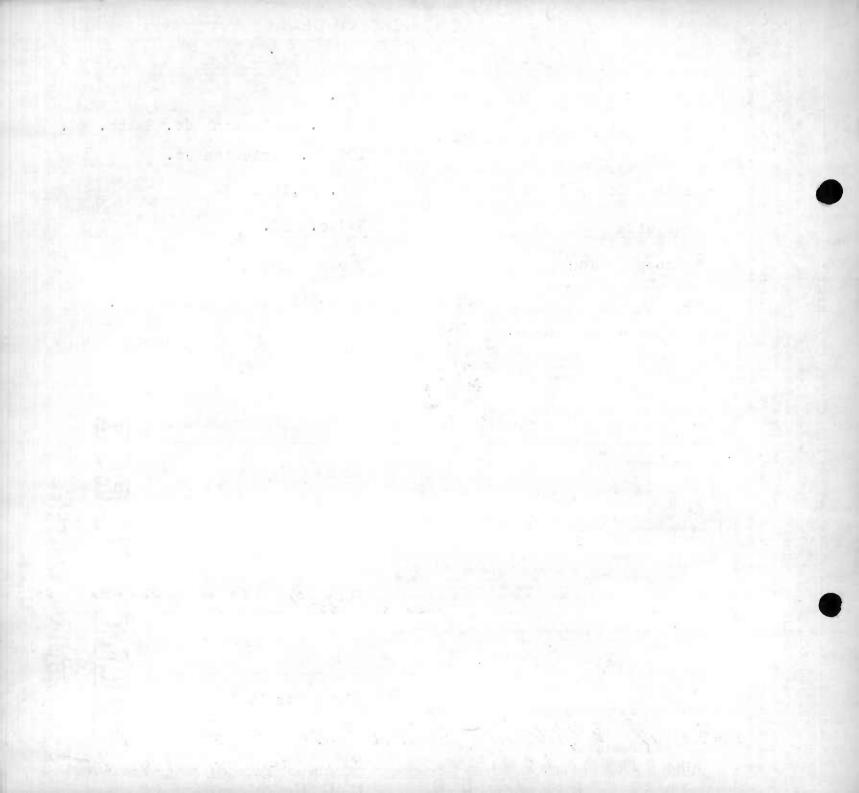


C-455

	E CASE NO.	60 6	MEDI	CAL EX	AMINER 5 CI	EKTIFICA	IE OF L	PEAIH Registe	red Na	
1.	NAME OF DEC	EASED	-		(c)			HOUR PRONOUNC	ED DEAD	
					lements, (Cle			e 5, 1965		9:35 P _M .
3.	PLACE IN BALTI	MORE, MARY	LAND, WI	HERE PRONOU	NCED DEAD	A. STATE		B. COU	itution: resi	dence before odmission)
HC	LL NAME OF	(IF NOT I	N HOSPITA	L OR INSTITUTION)	TION, GIVE STREET		Maryland	corporate limits, write	RURAL	nd give township)
	1		**				Baltimor		9-6	704
		Cit	y Hosp	oltals		D. STREET ADD				4
5.	SEX I	6. RACE	-	7. AA A PRIED	NEVER MARRIED	8. DATE OF BIRT		10n Street	If IIndo	1 Yr. If Under 24 Hrs.
	36.0			WIDO WED, D	OIVORCED (specify)	4.		lost birthdoy)		Doys Hours Min.
10/	Male USUAL OCCU	Whit		Marr 108 KIND OF	LECL BUSINESS OR INDUSTRY	March 20	(State or foreign	68	12. CITIZI	EN OF
	e during most of w	osking life, ever					A			T COUNTRY?
13.	Ketire			110.39	rain Elevator	14. MOTHER'S M	nore, Mar	yeana	u.).M.
	2	ohn (le	ments			Man	Potts			
	WAS DECEASED	EVER IN U.	S. ARMED	FORCES?	16. SOCIAL	17. INFORMANT	7		ADDRESS	
Ye	s, no or unknown)			s of service)	SECURITY NO.	11:1d= C	Claman	4 2/120 0	1:11.	Street#24
-	yes	w.w	• /		215-03-03/4	OF DEATH	, (lemen	NO STEU D	Zuon	INTERVAL BETWEEN
CERTIFICATION	DISEASES C RISE TO THE UNDERLYIN	of mean the content of the content o	It meons the coused of T CAUSE ONS, IF A JSE (A) ST ON LAST. NOT REL	the disease, leath,) S NY, GIVING ATING THE CONTRIBUTIN ATED TO TH	(B)(C)(C)					
	19A. DATE OF	OPERATION	198. CONI WAS PERF		VHICH OPERATION	20A. AUTOPSY		20B. IF YES, WERE FIR		
EDICAL	21 A, EXTERNAL UNDERLYING UTING CAUS	OR CONTRIB-		21 B. F home, etc.)	PLACE OF INJURY (e.g., form, foctory, street, o	in or obout 21C. N	WHERE DID () Y OCCUR?	f in Boltimore City, gi	ve exoct lo	ection)
Σ	21 D TIME OF INJURY (APPROX.)	(Month) (D	oy) (Yeor)	w	E. INJURY OCCURRED	WHILE ORK	OW DID INJU	RY OCCUR?	396	
	22.	fy that I he	ld on la				d that an Ali	e basis danah ia	au anini-	
		IRE THE	itural cau	ses X A	ccident Suicide	e Hamici	EDICAL EX	AMINER X	er 🗌	DATE SIGNED ne 6, 1965
23/	BURIAL CREA	1ATION, 238	DATE		NAME of CEMETERY o	CREMATORY	23D. LC	CATION (City,	town, or o	county) (Stote)
	Burial A. DATE REC'D I		6- 9-C	55 1248 NAME (Oak Lawn Ceme		722	5 Eastern E	Blvd.	Balto. 24, Md.
	JAIL REG D I	. HEALIN L		Z-10, IAMINIC V	ALOISTANK	.00		4-9015. Con		£ 2 A
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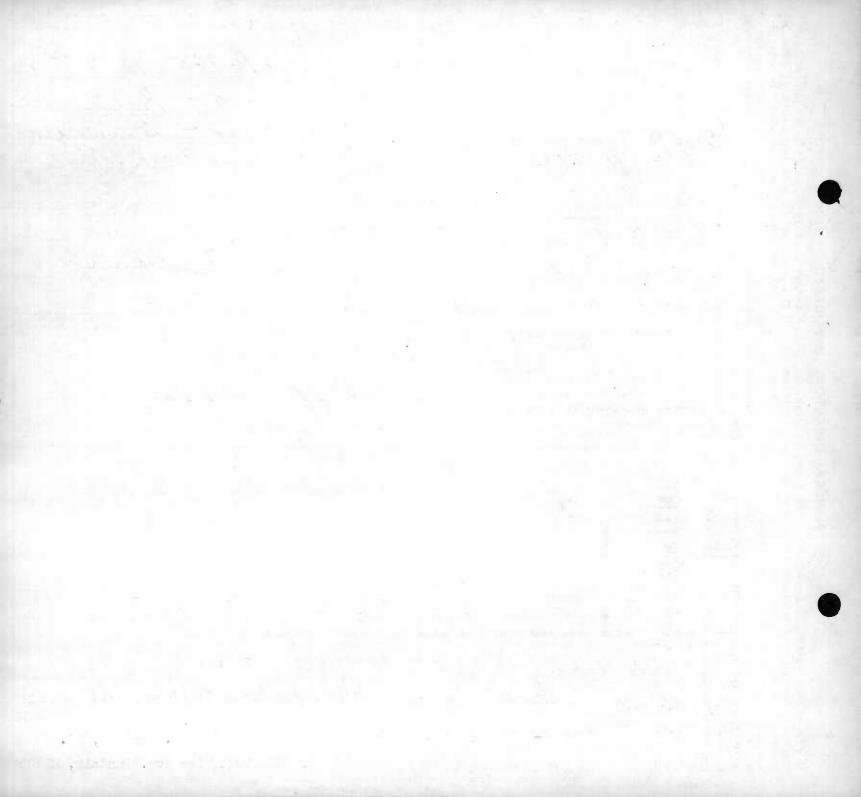


and A seed the	BIRTH NO. M.E. CASE NO. 1, NAME OF DECEASED CERTIFICATE OF DEATH Registered No. 65 6049
d in a hospital cing cause of de cause; (5) Decea attendance on rior to death. S	(Type or Print) 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY Md. C. CITY OR TOWN (If outside city limits, write RURAL and give township) 1020 W. Lexington St. Balto. Md. D. STREET ADDRESS (If rural, give location) 1020 W. Lexington St.
eath occur or contrib indetermin s in regul	5. SEX 6. RACE Female Colored Colored To Married, Never Married (specify) Female Colored To Months Doys Female
ORTAI assistant f the ny kind d deat	Joseph Jones Sarah Brown S. Was Deceased Ever in U. S. Armed Forces? 16. SPCIAL (Yes, no or unknown) (If yes, give wor or dotes of service) 16. SPCIAL (Yes, no or unknown) (If yes, give wor or dotes of service) 16. SPCIAL (Yes, no or unknown) (If yes, give wor or dotes of service) 16. SPCIAL (Yes, no or unknown) (If yes, give wor or dotes of service) 16. SPCIAL (Yes, no or unknown) (If yes, give wor or dotes of service) 16. SPCIAL (Yes, no or unknown) (If yes, give wor or dotes of service) 16. SPCIAL (Yes, no or unknown) (If yes, give wor or dotes of service) 16. SPCIAL (Yes, no or unknown) (If yes, give wor or dotes of service) 16. SPCIAL (Yes, no or unknown) (If yes, give wor or dotes of service) 16. SPCIAL (Yes, no or unknown) (If yes, give wor or dotes of service) 16. SPCIAL (Yes, no or unknown) (If yes, give wor or dotes of service) 16. SPCIAL (Yes, no or unknown) (If yes, give wor or dotes of service) 16. SPCIAL (Yes, no or unknown) (If yes, give wor or dotes of service) 16. SPCIAL (Yes, no or unknown) (If yes, give wor or dotes of service) 16. SPCIAL (Yes, no or unknown) (If yes, give wor or dotes of service) 16. SPCIAL (Yes, no or unknown) (If yes, give wor or dotes of service) 16. SPCIAL (Yes, no or unknown) (If yes, give wor or dotes of service) 16. SPCIAL (Yes, no or unknown) (If yes, give wor or dotes of service) 17. INFORMANT (Yes, no or unknown) (If yes, give wor or dotes of service) 18. SPCIAL (Yes, no or unknown) (If yes, give wor or dotes of service) 18. SPCIAL (Yes, no or unknown) (If yes, give wor or dotes of service) 18. SPCIAL (Yes, no or unknown) (If yes, give wor or dotes of service) 18. SPCIAL (Yes, no or unknown) (If yes, give wor or dotes of service) 18. SPCIAL (Yes, no or unknown) (If yes, give wor or dotes of service) 18. SPCIAL (Yes, no or unknown) (If yes, give wor or dotes of service) 18. SPCIAL (Yes, no or unknown) (If yes, give wor or dotes of service) 18. SPCIAL (Yes, no or unknown) (If yes, give wor or dotes of service
L DIRECTOR: adical examiner of lical examiner. I prins; (3) A fracture sician who pronwas in regular of	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the mode of dying, e.g. beard lailure, asthenia, etc. It means the disease injury ar complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, it any, giving rise to the above cause (A) stating the UNDERLYING CONDITIONS ast. OTHER SIGNIFICANT CONDITIONS CONTRIBUTINGS TO THE DEATH BUT NOT RELATED TO THE
FUNER y the chief ital by a m e; (2) Body here the p	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bidg., INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
ust be appropaged to the ident of any to spital (exc	22. I certify that (I) (this hospital) attended the deceased fram Tance 5, 1965 to Tance 5 1965, that (I) (we) last saw the deceased alive an State of the date and have and fram the causes stated above. (I) (We) (did) (did not) view the bady after death. 23A. SIGNATURE 23B. DATE SIGNED 23B. DATE SIGNED
certificate body was r /s: (1) An a D.O.A. at c	23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS M.D. Sinai Hospital 24A. BURIAL CREMATION, 24B. DATE 24A. NAME of CEMETERY of CREMATORY, 24D. LOCATION (City, Name, or county) (Stote) 25A. DATE REC'S BY HEALTH DEM. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR
This the k show was dece	JUN 9 1965 Robert E. Farbenne Williams Guneral Home 31971 Schweder St.

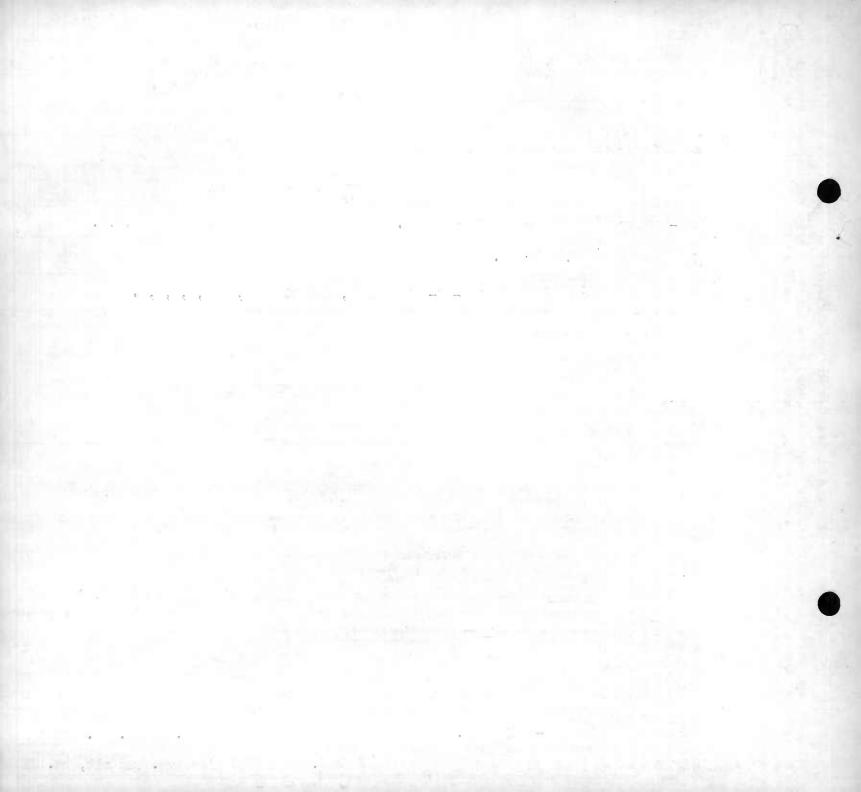


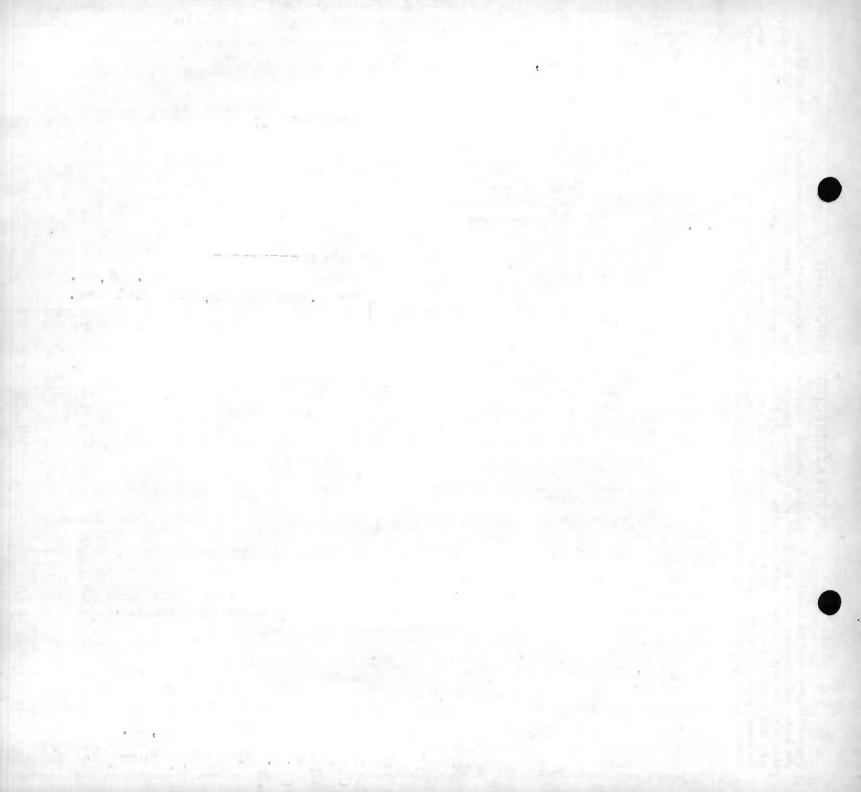
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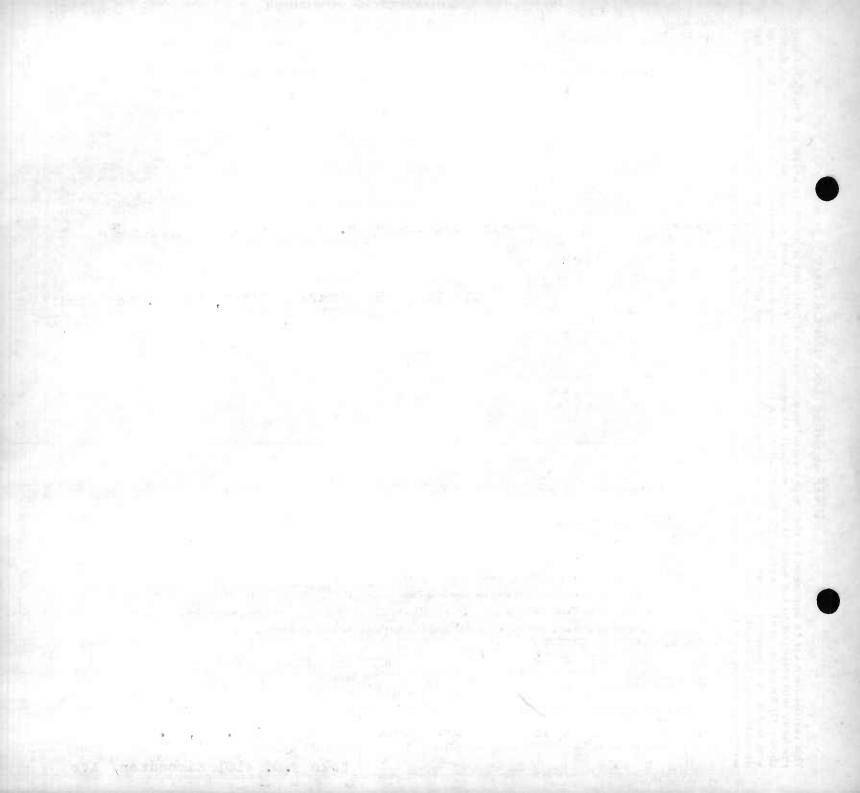
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					A. STATE	A. STATE B. COUNTY Rolling			
FULL NA	L OR	(II not in hospital address or location	or institution, g	ivo street		LAND	ido city limits, write	RURAL and give township)	
INSTITUT	ON	(.	Hoselt	- 0 4			E-2121	and the second s	
724	TIME	DE MA	AVIALI	D-21201	D. STREET AD	DRESS (If re	urol, give location)		
0 677	_1 // 0	ICL , MIT					GE FARI		
5. SEX	6. RAC	W		NEVER MARRIED, DIVORCED (specify)	B. DATE OF BIL	106	ost birthdoy)	If Under 1 Yr. If Under 24 Months Doys Hours Min	
				BUSINESS OR INDUST			in country)	12. CITIZEN OF WHAT COUNTRY?	
Self.	Imploye	life, even if retired) ed	Cord Eq	uipment Co.	Maryl	and		U.S.A.	
13. FATHER		2 00 00	1 0		14. MOTHER'S				
	Ja	acob H. H	ann Sr.			Ida Hod	ges		
15. Wos De	known) (If yes	U. S. Armed Fo	rces? es ol service)	1 6. SOCIAL	17. INFORMAN		11 1 -	ADDRESS	
No		, give wor or dot		372-24-2373	Wife, Ja:	nett Hah	n, #4,a,t	o, c, de	
18.	63)	< I		CAUSE	OF DEATH			INTERVAL BETWEEN ONSET AND DEATH	
		CONDITION DI							
(This		NG TO DEATH		(A) DUE TO	LMONAL	-Y EM	50205		
hearl	ailure, astheni	ia, etc. Il meon: on which couse	s the disease,					?	
IIII		EDENT CAUSE		(B) THR	OMBOSHLE	BITK	(LIG		
DISEA	SES OR CO	NDITIONS, if	ony, giving	DUE TO				11 23 10 20 10	
	o the obov	ve couse (A)	sloling lhe	(C)					
O III DE		11							
OTHE	SIGNIFICANT	CONDITIONS	CONTRIBUTING	G					
DISEA	E OR CONDI	BUT NOT REL	IT.						
19A.D. 21A. A	TE OF OPERA	WAS PE	NDITION FOR V RFORMED	VHICH OPERATION	20A. AUTOR	SY? (Yes or No)	IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?	
U 21 A. A	CCIDENT WA	S UNDERLYING	218.	PLACE OF INJURY (e.g.	1 /		(II in Boltime	ore City, give exact location)	
OR CO	Inotify medical	S UNDERLYING CAUSE OF cause of exominer)	hom etc.)	PLACE OF INJURY (e.g. e, form, foctory, street,	office bldg., INJUI	RY OCCUR?			
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OF IN.	URY		Whi	le At Not W	hile				
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	OUT and from		-) (We) (did) (did not)				238, DATE SIGNED	
230. 8	1	0	Sho	nool M.D. A	ttonding	Mod.	Stolf -	June 6, 196	
23 C. PI	YSICIAN'S	u		sel M.D. &	hys	Director L	Phys.	June 6,.10	
N	ME (Type)	0 8 7 1 4 1		PARGEL M.	D. UNIVE	ERSITE	Ha.10	AL , BALTIMO,	
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244 81181			124C. N	JANE OF CENVELENT OF	PREMIUNIA	24D. LC	CATION	City, lowin, or country/ (310	
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Buris	VAL (Specily)	June 1		Mt. Carmel	lase surre		onnell St.	Balto. Md. 21224	
Buris	VAL (Specily)	June 1	25B. NAME C	F REGISTRAR		RAL DIRECTOR		Balto. Md. 2122/ ADDRESS ve. Dundalk, Md.	

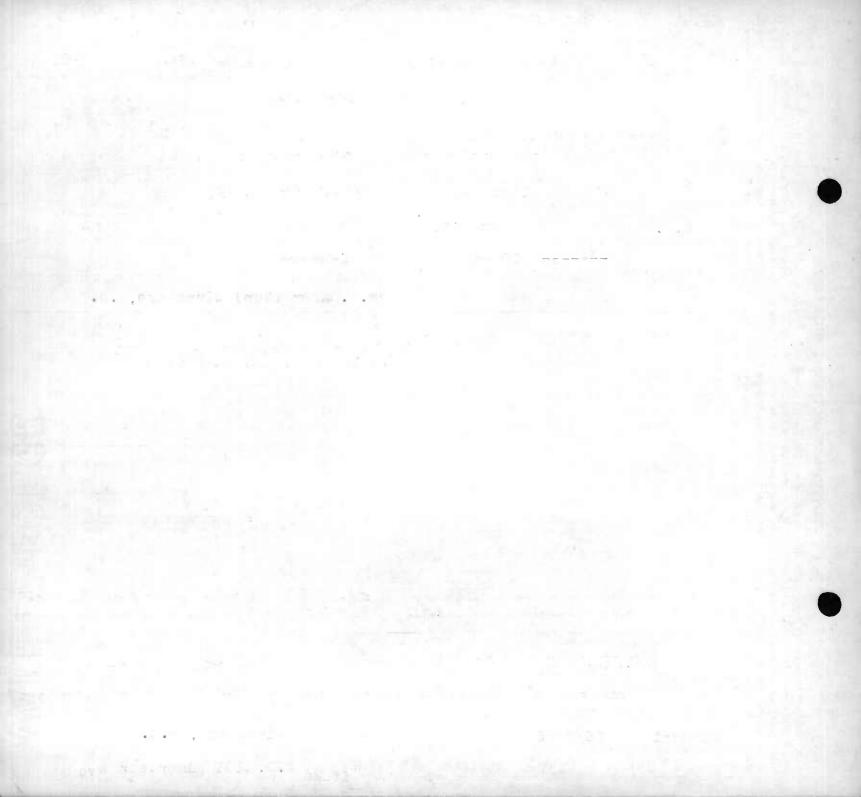




ANT	tant if death occurred a direct or contribution and; (4) Undetermined coath was in regular of on the deceased prival disposition is made.	5. SI 10A. done 13. F
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred the body was released to the hospital by a medical examiner. Also, if the direct or contributin shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined c was D.O.A. at a hospital (except where the physician who pronounced death was in regular a deceased prior to death); and (6) No physician was in regular attendance on the deceased privation approval must be obtained before the remains are embalmed or final disposition is made.	MEDICAL CERTIFICATION

	TH NO.		65	CERTIFICA	ALE OF		Registered N		
	Pe or Print)			- A V	1		T HOUR OF DEA		4:15
3.	PLACE OF DEAT	MRS. CH	MARYLAND	E A. KAPRA	UN USUAL R	ESIDENCE (Whe	JUNE 8.	If institution; res	7 · / S
					A. SIAIL	0. COUN	ITY	x - 7	5
	FULL NAME OF HOSPITAL OR	(If not in hospi		on, give street	MARY!	and		7 ()	00
	INSTITUTION	0		. /	200		tside city limits, w	TITE KUKAL ONG	give township)
19		BON SE	COURS	HOSPITAL	D. STREET A	TIMORE OF	rural, give location))	
					20.	S. Aug	USTA A	venue	
5.	-	RACE	7. MARRI	IED, NEVER MARRIED WED, DIVORCED (specify)	B. DATE OF	BIRTH	9. AGE (In years lost birthday)	If Under Months I	1 Yr. If Unde
	FE	W	Wi	ipowed	1/12	. 189	76		
		ATION (Give kind of working life, even if retire	work 108. KIND	OF BUSINESS OR INDUSTR	Y 11. BIRTHPLA	CE (State or fore	ign country)	12. CITIZE	N OF
	erk			del Ice Crear	1 Co. N	MARY lar	nd		3A
	FATHER'S NAME	1 .				S MAIDEN NA		0.0	4.5
	John	Hohr	MAN			11	11		
15.	Was Deceased E	ver in U. S. Armed	Forces?	16. SOCIAL	17. INFORMA	INT (Son	110 Mey	er	ADDRESS
(Ye	s, no or unknown) (I	If yes, give wor or o	dotes of service	security No.		1 SOL	ellm and		
-	18. 7 / /	77.			OF DEATH	ra vahr	aun, 114	N.Ree	cowood
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	rise to the	abave cause (. CONDITION lost.	A) stating	the (C) KG	radition	Helli	fus	iii 11 maaalii qaa daa daa daa daa daa daa daa daa daa	***********
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MEDICAL CERTIFIC	other signification of the Dead Disease or CC 19A. DATE OF O 19A. DATE OF O 19A. DATE OF O 19A. DATE OF O 19A. DATE OF OF INJURY (APPROX.) 21D. TIME (APPROX.) 22. I certify the thot (I) (we) I a ond hour ond for 19A. SIGNATURE 19	CONDITION lost. II CANT CONDITIONS ATH BUT NOT R ONDITION CAUSIN IPERATION 198. WAS UNDERLYING NG CAUSE OF nedicol exominer) Month) (Doy) (Ye and (I) (this hospi ast sow the decer from the couses s S e)	S CONTRIBUTELLATED TO IG IT. CONDITION FOR PERFORMED G (Hour) itol) ottende osed olive o stoted obove	TING THE 218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) 21E. INJURY OCCURRED While At Not What Work At Work and the deceosed from the de	20 A. AUTO	WHERE DID URY OCCUR? HOW DID INJ ond they ofter death. Med. Director	URY OCCUR? 19 65 to at in (my) (our)	gune Opinion deoth 238. DATE TUN	exoct locotion) 19 occurred on SIGNED
MEDICAL CERTIFIC	other signification of the Dead Disease or Co. 19A. DATE OF O. 19A. DATE OF O. 21A. ACCIDENT OR CONTRIBUTION OF CONTRIBUTION (APPROX.) 22. I certify the thot (I) (we) In ond hour ond for the contribution of the contribution o	CONDITION lost. II CANT CONDITIONS ATH BUT NOT ROUNDITION CAUSIN IPERATION 198. WAS UNDERLYING NG CAUSE OF redicol exominer) Month) (Doy) (Ye and (I) (this hospi ast sow the decer from the couses s S e) ATION, 248. DATE cify)	S CONTRIBUTION FOR PERFORMED G (Hour) itol) ottende osed clive ostoted obove	TING THE 218 PLACE OF INJURY (e.g., home, form, foctory, street, etc.) 21E INJURY OCCURRED While At Not Who At Work At Work On Day 10 (did) (did not) M.D. At M.	20 A. AUTO in or obout 21 C office bldg INJ 21 F. 19 (o vlew the body ys 23 D. ADDRESS	DPSY? (Yes or Na . WHERE DID URY OCCUR? HOW DID INJ 30	URY OCCUR? In in Bolting Occupy to the standard of the standard occupy to the standard oc	gune Opinion deoth 238. DATE JUN (City, town, or	exoct locotion) 19 occurred on SIGNED
MEDICAL CERTIFIC	other signification of the Dead Disease or CC 19A. DATE OF O 19A. DATE OF O 19A. DATE OF O 19A. DATE OF O 19A. DATE OF OF INJURY (APPROX.) 21D. TIME (APPROX.) 22. I certify the thot (I) (we) I a ond hour ond for 19A. SIGNATURE 19	CONDITION lost. II CANT CONDITIONS ATH BUT NOT ROUNDITION CAUSIN IPERATION 198. C WAS UNDERLYINK NG CAUSE OF Redicol exominer) Month) (Doy) (Ye not (I) (this hospi ast sow the decer from the couses s at T. R. Se ATION, 248. DATE 6/11/	S CONTRIBUTION FOR PERFORMED G (Hour) itol) ottende osed clive ostoted obove	TING THE 218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) 21E. INJURY OCCURRED While At Not What Work At Work and the deceosed from the de	20A. AUTO	DPSY? (Yes or Na . WHERE DID URY OCCUR? HOW DID INJ 30	URY OCCUR? 19 65 to at in (my) (our)	gune Opinion deoth 238. DATE JUN (City, town, or	exoct locotion) Signed Signed



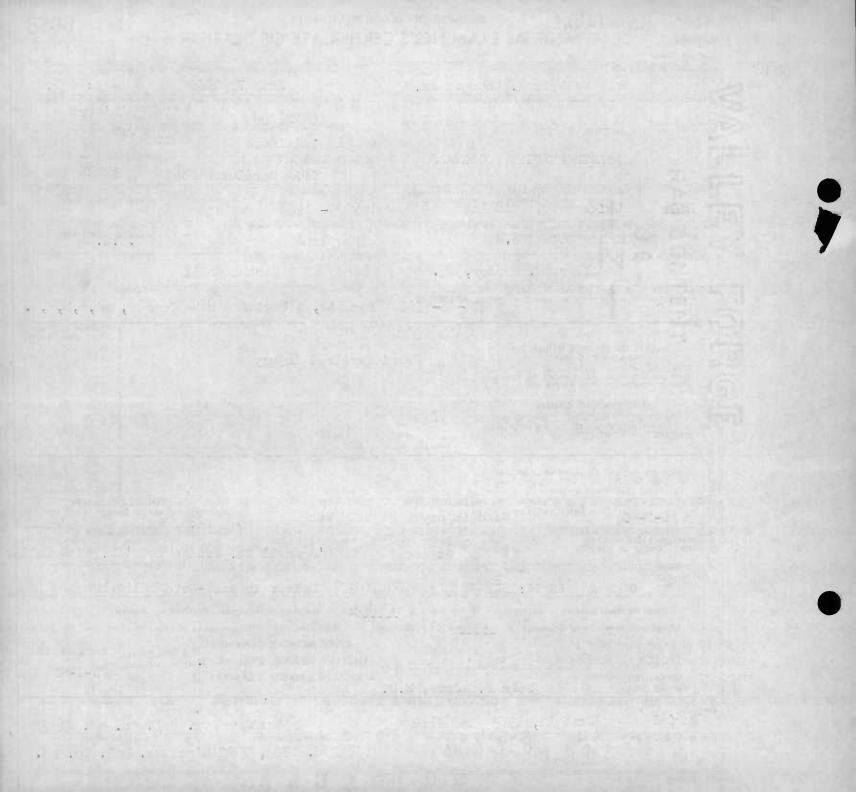


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VS 150-REV. 1/1/65

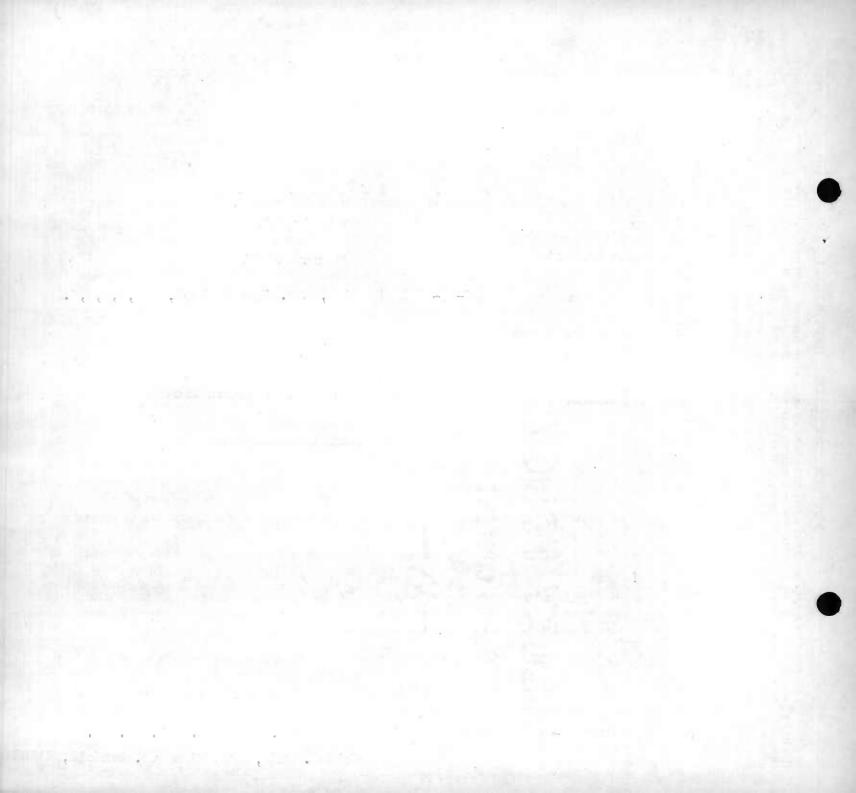
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Roll City Trop filed in Box of Burshillings

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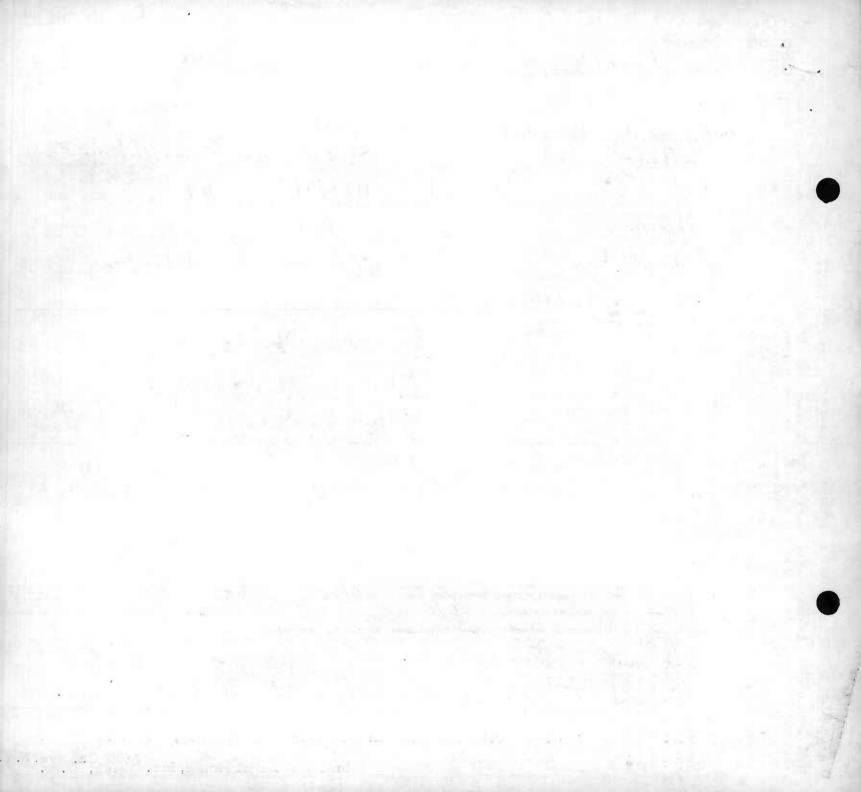


IMPORTAN

FUNERAL DIRECTOR:



VS 150-REV. 1/1/65



TOOO CO	AEDICAL EV	A MAINIED'S CI	ERTIFICATE OF D	TEATH Pasisters	4 Na
M.E. CASE NO.	MEDICAL EX	AMINER 3 CI	EKTITICATE OF L	JEA III Kegisiere	u 110.
1. NAME OF DECEASED			2, DATE ANI	HOUR PRONOUNCED	DEAD
(Type or Print) GEORGE	W. 7	LA FLAME	Tune	8, 1965	15:00 P N
3. PLACE IN BALTIMORE, MARYLA			4. USUAL RESIDENCE (Where	deceased lived. If institu	tion: residence before odmissio
EIIII MAAAE OE - HE MOT IN I	LOCUITAL OF INCTITU	TION CIVE STREET	A. STATE Maryland	B. COUN	
FULL NAME OF (IF NOT IN I HOSPITAL OR ADDRESS OF INSTITUTION	HOSPITAL OR INSTITU R LOCATION)	HON, GIVE STREET	C. CITY OR TOWN (If outside	corporate limits, write R	URAL ond give township)
IN SATISTICAL			Baltimore	# 18	12-06
South Baltimore	General Hosp	pital	D. STREET ADDRESS (II rurol,		
				oward Street	
5. SEX 6. RACE	7. MARRIED, WIDOWED, D	NEVER MARRIED NVORCED (specify)	8. DATE OF BIRTH	. Hank high-days	If Under 1 Yr. If Under 24 Hi Months, Doys, Hours, Min.
Male White	Marr	NVORGED (specify)	March 21, 1908	57	
10A. USUAL OCCUPATION (Give kind done during most of pvorking life, even if		BUSINESS OR INDUSTRY	111 . 1/1		2. CITIZEN OF WHAT COUNTRY
Truck Driver		Rosen (o.	West Virgi	nia	USA
3. FATHER'S NAME	rge W.La.F.	lama	14. MOTHER'S MAIDEN NAME	Nettie An	danson
	0	Cone			
5. WAS DECEASED EVER IN U.S. Yes, no quunknown) (If yes, give wor		16. SOCIAL SECURITY NO.	17. INFORMANT		DDRESS
No		217-05-411	1 Mrs. Edna L.	Latlame	(Same)
18.		CAUSE	OF DEATH	ALC: A PERSON NAMED IN	INTERVAL BETWEEN
DISEASE OR CONDITI	ON DIRECTLY				ONSET AND DEATH
LEADING TO	DEATH	(A) Arter	iosclerotic Cardi	iovascular Di	sease.
(This does not mean the m heart failure, asthenia, etc. It injury or complication which o	meons the discose.	DUE TO			
infory of complication which o	coused deorn./				
ANTECENDENT		(B)			
RISE TO THE ABOVE CAUSE	(A) STATING THE	DUE TO			
UNDERLYING CONDITION	LAST.	(C)			
ŎĽ					
OTHER SIGNIFICANT COND					
TO THE DEATH BUT N		de Cirr	nosis.	000000000000000000000000000000000000000	· · · · · · · · · · · · · · · · · · ·
19A. DATE OF OPERATION 19	B. CONDITION FOR V	VHICH OPERATION	20A. AUTOPSY? (Yes or No)		
	AS PERFORIVED		Yes	IN CERTIFYING CAUSES	Yes
VI 21 A. EXTERNAL CAUSE WAS UNDERLYING □ OR CONTRIB-	21 B. I	form, foctory, street, o	ffice bldg, INJURY OCCUR?	If in Boltimore City, give	exoct location)
UTING CAUSE OF DEATH.	etc.)				
ZID TIME (Month) (Doy)	(Year) (Hour) 2	E. INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
(APPROX.)	m. W	HILE AT NOT AT W	WHILE		
22.					
I certify that I held				s basis, death in my	
resulted from: Natu	ral causes X A	ccident Suicide	Hamicide U	Indetermined manner	
ACTUAL)/	1)-	CHIEF MEDICAL EX		DATE SIGNED
SIGNATURE	hades	Felly M.D.	ASSISTANT MEDICAL EX		6/9/65
EXAMINER'S	01-1-0 1	200	ASSOCIATE MEDICAL EX	AMINER	0/ 5/ 05
NAME (Type) (23A, BURIAL CREMATION, 23B, D	Charles S. I	C. NAME of CEMETERY o	CREAM ATORY 22D 14	OCATION (City, to	own, or county) (State)
DESACULATION STATE		oreland Mem	1 0	Baltimore	A . F
Duca				Duconone	
24A. DATE REC'D BY HEALTH DEP	T. 248, NAME	OF REGISTRAR	24C. FUNERAL DIRECTOR	0 1 0	ADDRESS
JUN 9 1965 A.C	Br & Fall	But A.A	Leonard J.	Kuck Ync.	Balto. 14 Md
. 11 11 3 1.111.7 115 12					

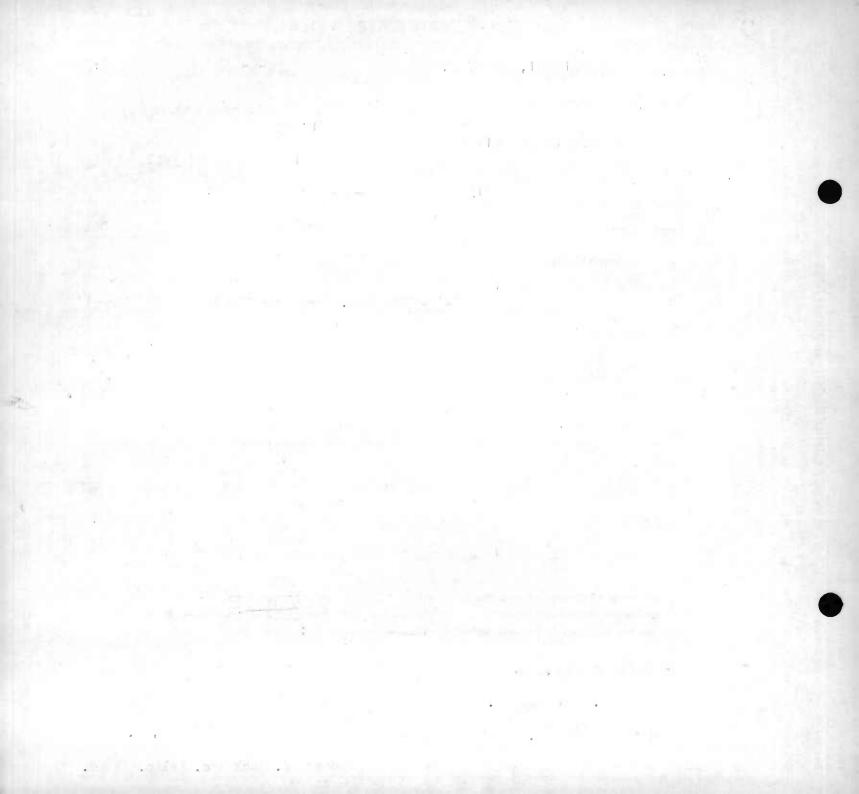
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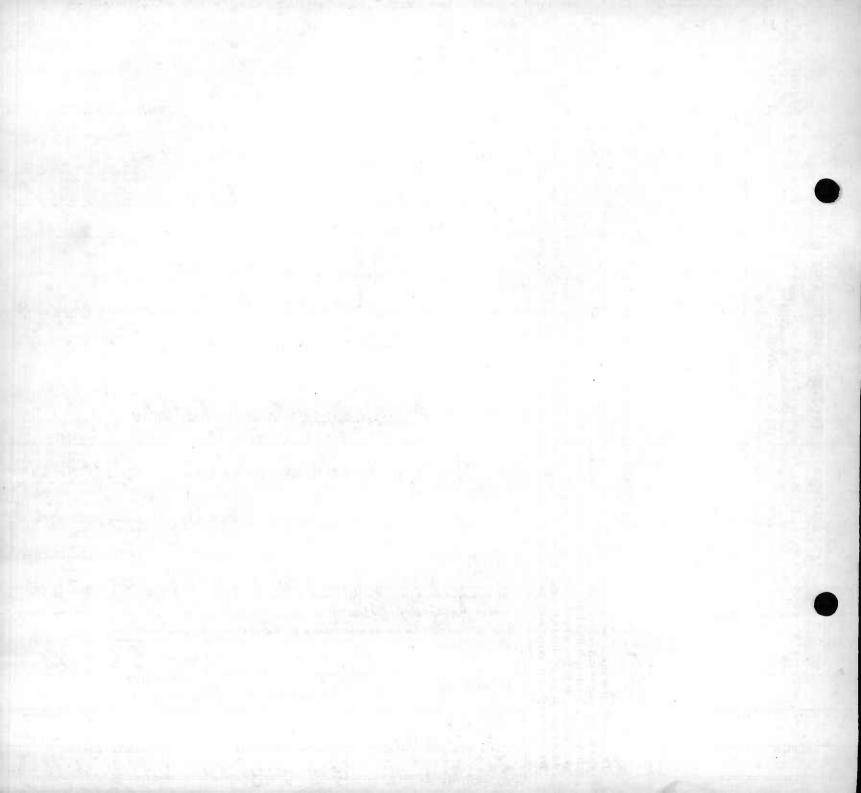
A Marie Seattle State of the seattle s est - 0) - Letter love . June L. alline: Color Committee Committee Color Colo V5 153 + letter from Md. Sen'l. Angel.

BIRTH NO. MEDICAL EXAMINER'S CI	ERTIFICATE OF DEATH Registered No.
M.E. CASE NO.	
1. NAME OF DECEASED (Type at Print)	2. DATE AND HOUR PRONOUNCED DEAD
RACHEL A. SCHUM	June 8, 1965 2:15 P M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission B. COUNTY Maryland
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
INSTITUTION	Baltimore C-15
Union Memorial Hospital	D. STREET ADDRESS (If rurol, give locotion)
outou Memorial Hospical	6413 Ridgeview Road
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED DIVORGED (specily) Female White	8. DATE OF BIRTH Dec. 6, 1915. 9. AGE (In years lift Under 1 Yr. If Under 24 Hrs. Manths, Days, Hours, Min. 49
10a. USUAL OCCUPATION (Give kind of work 108. KIND OF BUSINESS OR INDUSTRY dane during hast of working life, even if refired) Own Home	
	14 MOTHERS MADES NAME
Daniel D. Stotler	Bertha Stottlemeyer
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, or unknown), (If yes, give wor or dates af service) SECURITY NO.	17. INFORMANT ADDRESS
No 214-09-0702	Mr. Alfred J. Schum (Same)
18. E 979 X 1 CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	
(This does not mean the mode of dying e.g., (A) ASPILY.	xia
heart failure, asthenia, etc. It means the disease, injury or camplication which coused death.)	
P1 -	atia Day Orac Wash and Day
	stic Bag Over Head and Face.
RISE TO THE ABOVE CAUSE (A) STATING THE	
UNDERLYING CONDITION LAST.	
<u> </u>	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONSIDERED
WAS PERFORMED	Yes IN CERTIFYING CAUSES OF DEATH? Yes
ZIA. EXTERNAL CAUSE WAS UNDERLYING X OR CONTRIB- 21A. EXTERNAL CAUSE WAS UNDERLYING X OR CONTRIB- home, farm, foctory, sheet, or	in ar about 21C. WHERE DID (If in Boltimore City, give exact location)
UNDERLYING TO CONTRIB- UTING □ CAUSE OF DEATH. home, farm, foctory, street, of etc. Home	6413 Ridgeview Road
21D TIME (Month) (Day) (Yeor) (Haur) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
OF INJURY	WHILE E Plastic bag over head.
22.	rapsy X and that an this basis, death in my aplaian
resulted fram: Natural causes Accident Suicide	
Solicion in the solicion of th	CHIEF MEDICAL EXAMINER
ACTUAL O	DATE SIGNED
	ASSISTANT MEDICAL EXAMINER (5)
EXAMINER'S Charles S. Petty, M.D.	ASSOCIATE MEDICAL EXAMINER
23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY a	r CREMATORY 23D. LOCATION (City, town, or county) (State)
Burial 6/11/65. Rest Haven (
24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR	24C. FUNERAL DIRECTOR ADDRESS
JUN 9 1965 Robert E. LarbeyM.R	Leonard J. Ruck Inc. Balto. 14 Md.
VS 151-REV. 1/1/65	O F F 7 1

S TEN MENU . I SECTION Land of the state of the state of the Constant Control of the Control of t THE PARTY OF THE P

VS 150-REV, 1/1/65



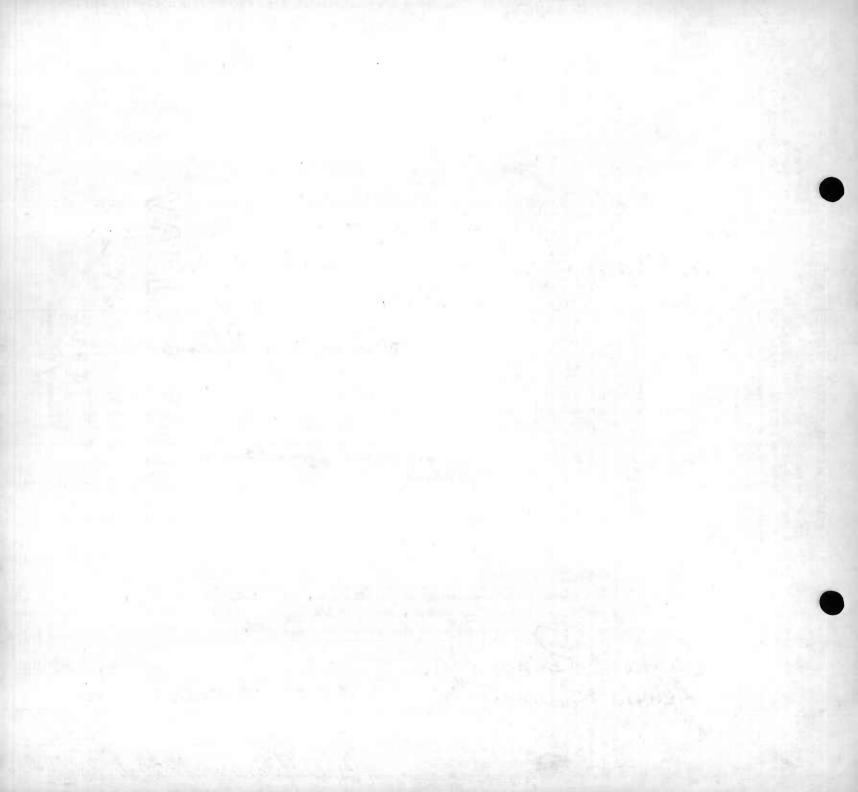


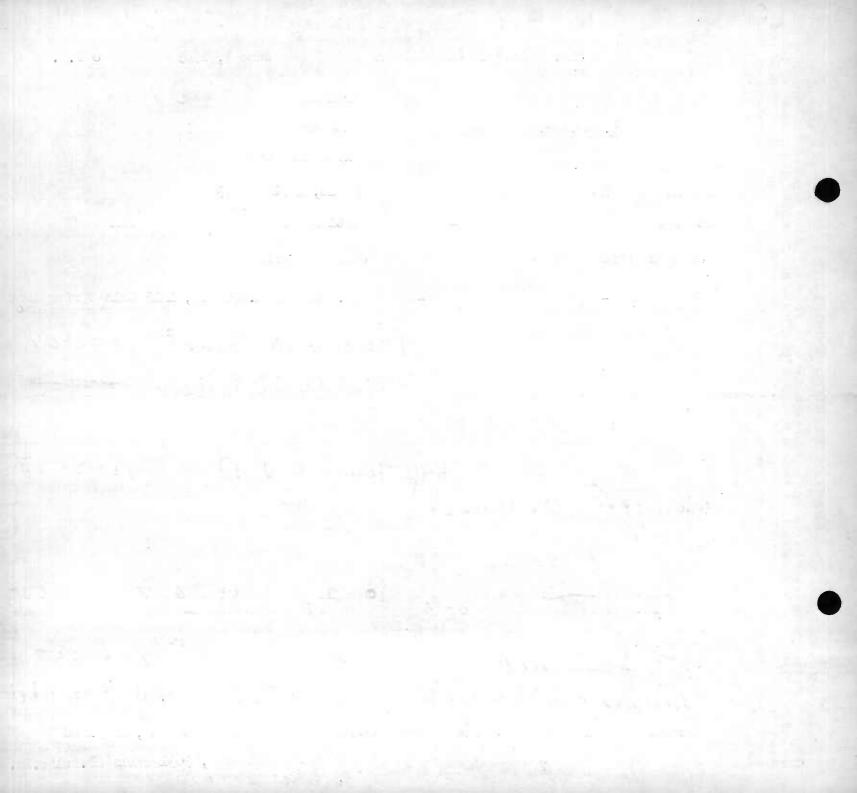
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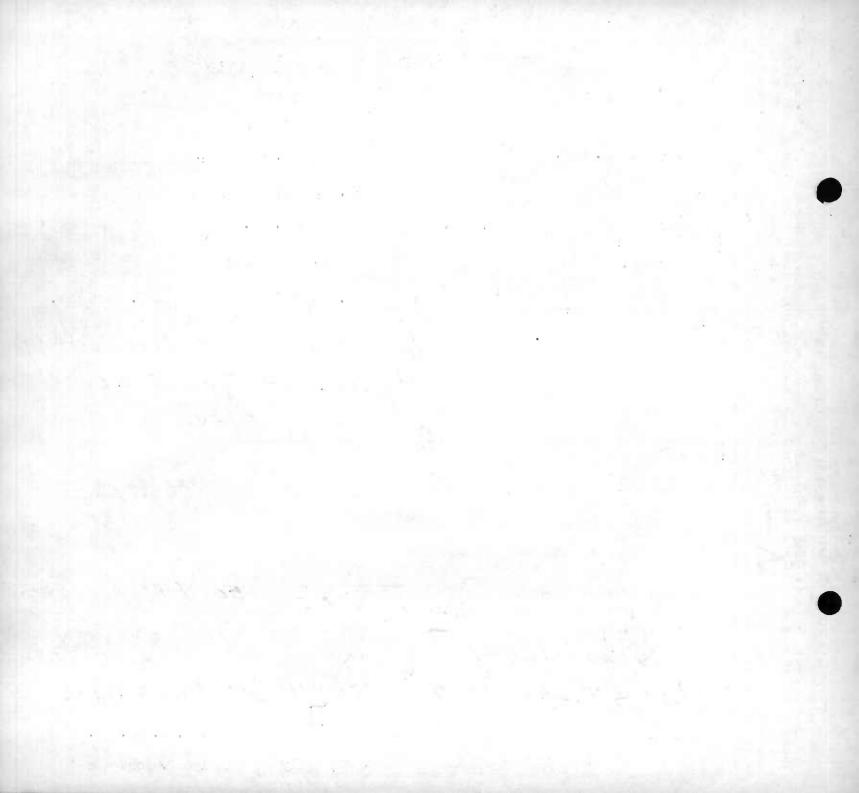
the

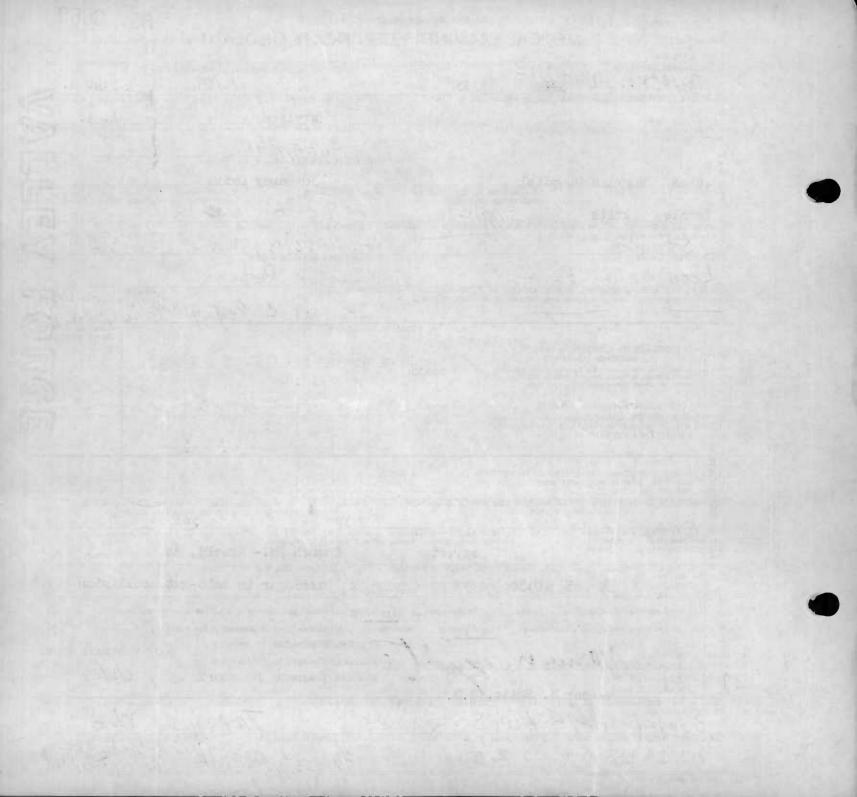
Deceased

death

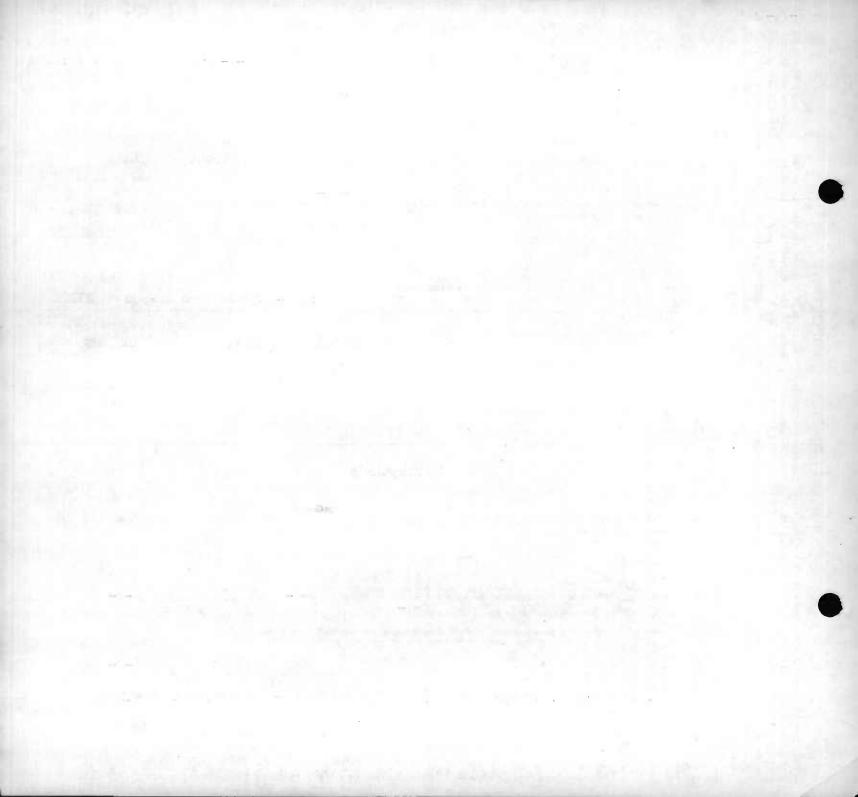




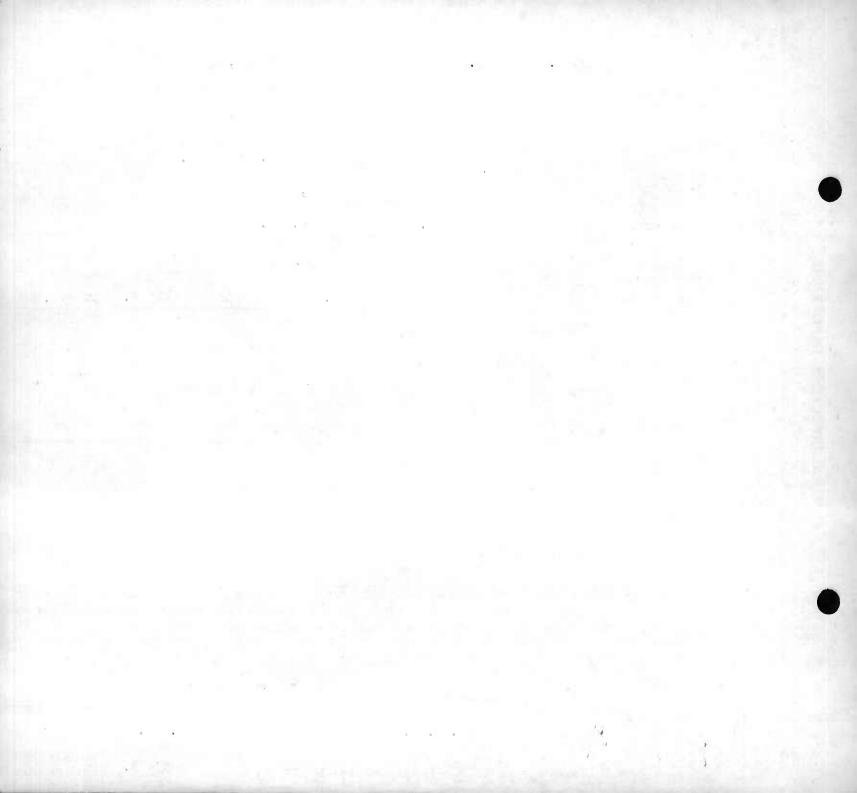




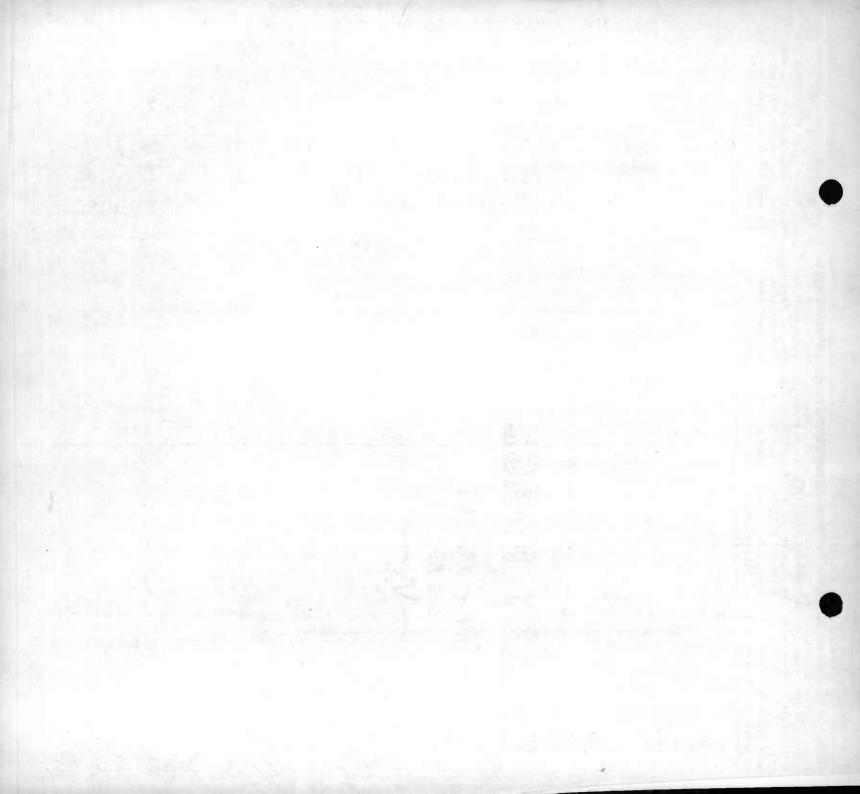
M.	RTH NO. E. CASE NO. NAME OF DEC (pe or Print)	EASED	070		TE OF DEAT	TE AND HOUR OF DEATH	
			a Teromona	acnos		6-7-1965	4:20 A
	FULL NAME OHOSPITAL OR	F (If not in hospitol oddress or location	or institution, give	street	Maryland B.	(Where deceased lived, If i	RURAL and give township)
١,	INSTITUTION	Baltimore Ci	ty Hospita	ลไร	Baltimore		
/		4940 Eastern			D. STREET ADDRESS	(If rural, give location)	
		Baltimore, Mar		1111		1	22227
-				21224		acon Street	21224
]	sex Female	White	Marrie	IVORCED (specify)	10-20-1905	9. AGE (In years tost birthdoy)	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
		UPATION (Give kind of work	108. KIND OF BU	SINESS OR INDUSTRY	11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
do	ne during most of	working lile, even if retired)			Greece		U.S.A.
12	HOUSE				14. MOTHER'S MAIDE	I MAAAE	0.0.11.
	Michael Michael	el Koufae	la	12	Anna H	4	
5.	Was Deceased	Ever in U. S. Armed For	s of service)	SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	No	yes, give wor or date	3 C1 3 C1 V (CC)			4940 Eastern A	<u> </u>
	18. 4 -	201/		CAUSE O	PULATH		ONSET AND, DEATH
	DISEAS	SE OR CONDITION DIR	ECTLY	Marc	cardial Infa	retion	Instant
	4-1	LEADING TO DEATH		(A)		00 00 00 00 menorme 00 00 00 00 00 00 00 00 00 00 00 00 00	THE CALL
	heart foilure.	at mean the made of asthenia, etc. II means	the disease.	DUE TO A	rteriosclero	tic Cerebral	
		plication which caused			Vascular Di	CA9CA	Years
		ANTECEDENT CAUSES		(B)	TOOUTOL DE		10010
	DISEASES	OR CONDITIONS, if	anv. giving	DOE TO			
		e abave cause (A)		(C)			
		G CONDITION last.		***************************************			
NOIL	OTHER SIGNI	II IFICANT CONDITIONS C EATH BUT NOT RELA CONDITION CAUSING I	TED TO THE	? Arryth	mia		
CERTIFICATION	19A. DATE OF	OPERATION 198. CON WAS PER	DITION FOR WHI	CH OPERATION	20A. AUTOPSY? (Yes	or No) 208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
AL CFR	OR CONTRACT	NT WAS UNDERLYING DING CAUSE OF medicol exominer	21 B. PLA home, f	OF INJURY (e.g., in	n or obout 21C. WHERE I	OID (If in Baltimo	re City, give exact location)
L.)			III N. O.C.	075 11011	D INTILIAN OCCUPA	
MEDI	OF INJURY	(Month) (Doy) (Year)		JURY OCCURRED		D INJURY OCCUR?	
~	(APPROX.)		White /	At Work	e 🗌		
	22. 1 careifu	that (1) (this hospital) ottended the	lecensed from	6-6-	19 65 to	6-7- 19 65
				6-7-	65		
	that (I) (we)	lost saw the decease	a alive an		19	ond that in (my) (our) op	pinion death occurred on the do
	and hour one	d from the causes stot	ed obave. (1) (V	√e) (did) (did not) v	iew the bady ofter d	eoth.	
	23A. SIGNATU	INE	1				238 DATE SIGNED
	(1)	Calanda 1	1/1	M.D. Atte	ending Med.	Stoff Phys.	6-7-1965
	226 81145151	- Cymru /	, ou			Phys. La	0-7-1700
	23C. PHYSICIA	yge)			23D. ADDRESS		
	Dr.A	Alexander S.	rownes	M.D.	4940 Easter	n Avenue, Balti	more, Maryland
24	A. BURIAL CRE	MATION, 248, DATE		of CEMETERY OF CRI	EMATORY 2	AD. LOCATION (C	City, town, or county) (State)
	REMOVAL (Specify) 4/9/4	5 Gue	* Orthodor	Cemetery	Bult, more	Md.
	DUNA	1 0///0.	Uree				/
25	A. DATE REC'D	BY HEALTH DEPT.	258. NAME OF	EGISTRAR	Nichelas	T Mitthe	ADDRESS
	JIIN 1	1965 10 0	+ 2 Fa 0	MAN.	362106	Eistern Ave	Baltimore M.
-	150-PEV 1/1/		A STAIR OF	-			1



M.E	E CASE NO. IAME OF DECEASED	607	71 CERTIFICA	TE OF DE	EATH Registered 2. DATE AND HOUR OF DI	EATH DO 00/1
(Ту;	Robert H	Allen	Sr.		June 8, 1965	
3. F	Robert H.	ARYLAND	<i>Da</i> 4 .	4. USUAL RESID	B. COUNTY	d. If institution; residence before od
1	FULL NAME OF (If not in hospital HOSPITAL OR oddress or locoting NSTITUTION	l ar institution on)	n, give street	1	Maryland	write RURAL and give township)
16				I	Baltimore	
2				D. STREET ADD	RESS (If rural, give location	an)
	House In Pines Nu	rsing H	ome	8	323 E. Fort Ave	
	Male White	WIDOW	D. NEVER MARRIED (Specify) Widowed	March 10.	9. AGE (In years last birthday) 79	s If Under 1 YI. If Under Manths Doys Hours
tOA don	. USUAL OCCUPATION (Give kind of wo e during most of working life, even il retired) Labor er		OF BUSINESS OR INDUSTRY Glass Co.	11. BIRTHPLACE	(State or foreign country)	12. CITIZEN OF WHAT COUNTRY? USA
13.	FATHER'S NAME	-		14. MOTHER'S M	AIDEN NAME	
	William Allen			Char	lotte	
15.	Was Deceased Ever in U. S. Armed Fo s,no or unknown) (If yes, give wor or do	rces?	1 6. SOCIAL	17. INFORMANT	.0000	ADDRESS
		tes of service	SECURITY NO.		Loren Deverse	
_	Yes WW1			Mrs. G.	Lara Byrnes	823 E. Fort Ave
ERTIFICATION	ANTECEDENT CAUSE DISEASES OR CONDITIONS, if use to the obove couse (A) UNDERLYING CONDITION lost. II OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REL DISEASE OR CONDITION CAUSING	any, givin stating the CONTRIBUTI ATED TO IT.	ng (C)			vis 449
TIFIC	19A. DATE OF OPERATION 198. CO	NDITION FOI RFORMED	R WHICH OPERATION	20 A. AUTOPS	(Yes at No) 20B. IF YES, V	WERE FINDINGS CONSIDERED G CAUSES OF DEATH?
CAL CER	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	h	1B. PLACE OF tNJURY (e.g., i ome, form, foctory, street, o tc.)	n or obout 21 C. WI ffice bldg., INJURY	TERE DID (If in Bo	oltimore City, give exact location)
MEDIC	21 D. TIME (Month) (Doy) (Year	(Hour) 2	IE INJURY OCCURRED	21 F. HC	W DID INJURY OCCUR?	
S	(APPROX.)		While At Not Whi			
			Vark		1 10 7	1
	22. I certify that (1) (this hospital	oi) attended	I the deceased fram	Trek,	19.5 % to	June 8 , 19:
	that (I) (we) last saw the deceas					r) apihian death accurred an t
	and have and from the causes sto	ated above.	(I) (We) (did) (did not)	view the bady of	ter death.	
	23A. SIGNATURE	1 01	2			23B. DATE SIGNED
	Me	Joll	M.D. Att.	s. Di	rector Phys.	6-9-65
	23 C. PHYSICIAN'S NAME (Type) A. C.	500	LLOD M.D.	23D. ADDRESS	E. Fort a	we- 30
24A	BURIAL CREMATION, 248. DATE REMOVAL (Specify)	24C.	NAME of CEMETERY OF CR	EMATORY	24D. LOCATION	(City, town, or county)
	Burial 6 11 6	5 B	alto. U. S. Na	tional	Balt	o. Md.
25A	DATE REC'D BY HEALTH DEPT.		E OF REGISTRAR	25C. FUNERA		ADDRESS
	HIN 1 0 1965 A A	40 T	2. Own HAR	Mc Cul		
5	150-REV. 1/1/65	1 00000		1	7 9	130 E. Fort Ave
					*	

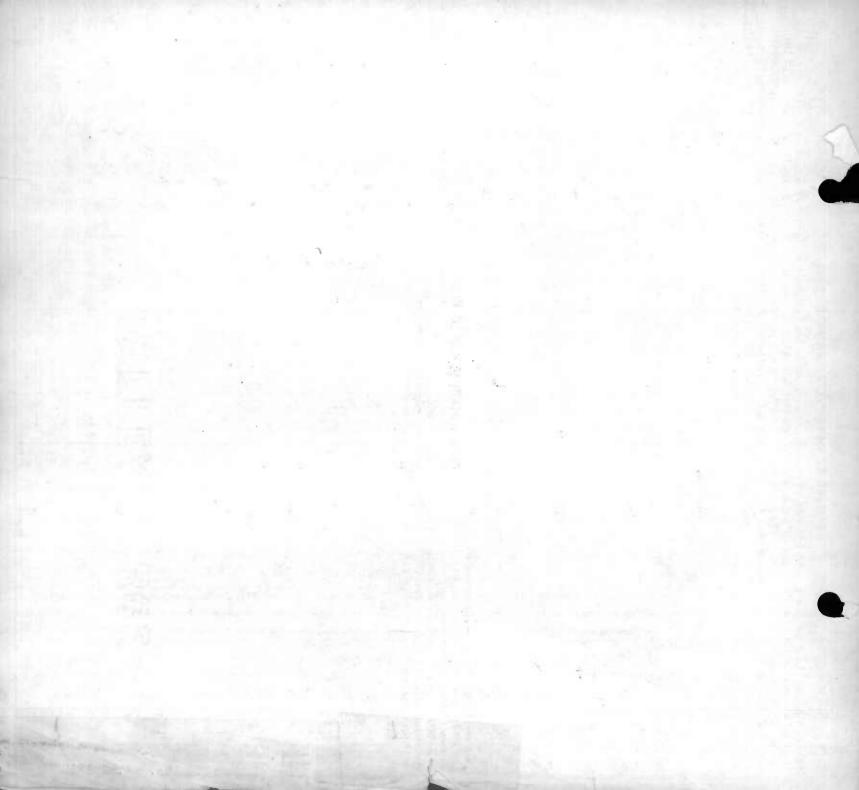


CERTIFICATE OF DEATH RESIDENCE OF DEATH RESIDENCE OF DEATH AD BOULD	1	65 6072	BALTIMORE CIT	Y HEALTH DEPARTMENT		65 6072
NAME OF DECISARD DIAM D. DIAM D. DIAM D. D. D. D. D. D. D. D	.5	H NO.	CERTIFICA	TE OF DEATH	Registered Na	00 0072
FULL NAME OF INDITION OF CONTRIBUTION OF CONTR	1	AME OF DECEASED	ADA	6/0	9/65	5.05 A.M.
ASSER GLACE P. MARRIED, REVER MARRIED D. STREET ADDRESS GLACE P. MARRIED, D. MODERN P. ADDRESS D. CONDITION DIVERCED (Specify) P. ADDRESS P. ADD	3	ULL NAME OF (If not in haspital or instit				utian; residence before admission)
S. SEX D. AARLED NEVER MARBIED A. A. JELIAL. OCCUPATION (Give lind of working), RIND OF BUSINESS OR INDUSTRY J. A. JELIAL. OCCUPATION (Give lind of working), RIND OF BUSINESS OR INDUSTRY J. FATHER'S NAME J. MARIED NEVER MARBIED J. MARIED NEVER MARBIED NAME J. MARIED NEVER MARBIED J. MARI		MARYLAND GENE	RAL HOSPITAL			tal and give township;
ADDRESS TO STATE CONDITION DISECTLY DISEASE OR CONDITIONS, if any, giving lise to the above cause (A) stelling like of t		PHLIIMOREI	, MD	2017		
does during most of working life, even if retired) A. MOTHEY MANDEN NAME 14. MOTHEY MAIDEN NAME 15. MOTHEY MAIDEN NAME 16. SOCIAL 17. INFORMANT 18. SOCIAL 18. SOCIAL 19. INFORMANT 18. INFORMANT 1		WIE	DOWED, DIVORCED (specify)		63	
15. Wes. Deceased Ever in U. S. Armed Fores? 16. SOCIAL 17. INFORMANT 17. INFORMANT 18. Armed Fores? 18. Armed Fores. 18. Armed Fores? 18. Armed Fores. 18. Armed Fores? 18. Armed Fores. 18. Armed Fore	0	during most of working life, even if retired)	ND OF BUSINESS OR INDUSTR	0.00		WHAT COUNTRY?
TESANO GENOMEDIAN SECURITY NO.	1	WM EVANS		10		
LEADING TO DEATH (This does not meen the mode of dying, e.g., heart foliuse, asherine, etc. It means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving inse to the above cause (A) stoling the UNDERLYING CONDITION Isola. II OTHER SIGNIFICANT CONDITION SCONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. DISEASE OR CONDITION CAUSING IT. OTHER SIGNIFICANT CONDITION SCONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. DISEASE OR CONDITION CAUSING IT. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT. DISEASE OR CONDITION CAUSING IT. DISEASE OR CONDITION COUNTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT. DISEASE OR CONDITION CAUSING CONTRIBUTING CAUSES OF DEATH? DISEASE OR CONDITION CAUSING IT. DISEASE OR CONDITION CAUSING CAUSES OF DEATH? DISEASE OR CONDITION CONTRIBUTING CAUSE OF DEATH? DISEASE OR CONDITION CONTRIBUTING CAUSES OF DEATH? DISEASE OR CONDITION CONTRIBUTING CAUSES OF DEATH? DISEASE OR CONDITION CONTRIBUTION CAUSING CAUSES OF DEATH? DISEASE OR CONDITION CONTRIBUTION CAUSING CAUSES OF DEATH? DISEASE OR CONDITION	1 (Vas Deceased Ever in U. S. Armed Forces? no arunknown) (If yes, give war or dates of se		17. INFORMANT		ADDRESS
Committed to the control of the co		18.22 1	CAUSE	OF DEATH	GEN. HOSP.	INTERVAL BETWEEN
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED (IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY 1e.g., in ar about 21C. WHERE DID home, larm, foctary, sheet office bldgs, INJURY OCCUR? 21D. TIME (Month) 1Doy) (Year) (Hour) 21E. INJURY OCCURED of INJURY OCCUR? 21D. TIME (Month) 1Doy) (Year) (Hour) 21E. INJURY OCCURED of INJURY OCCUR? 21D. TIME (Month) 1Doy) (Year) (Hour) 21E. INJURY OCCURED of INJURY OCCUR? 21D. TIME (Month) 1Doy) (Year) (Hour) 21E. INJURY OCCURED of INJURY OCCUR? 21D. TIME (Month) 1Doy) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) 1Doy) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) 1Doy) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) 1Doy) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) 1Doy) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) 1Doy) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) 1Doy) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) 1Doy) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) 1Doy) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) 1Doy) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) 1Doy) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) 1Doy) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) 1Doy) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) 1Doy) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) 1Doy) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) 1Doy) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) 1Doy) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) 1Doy) (Year) 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) 1Doy) (Year) 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) 1Doy (Year) 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) 1Doy (Year) 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) 1Doy (Year) 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) 1Doy (Year) 21		DISEASES OR CONDITIONS, if ony, rise to the obove cause (A) stoting	giving			
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OR CONTRIBUTING CAUSE OF DEATH (notity medical examiner) OR CONTRIBUTING CAUSE OF DEATH (notity medical examiner) OR CONTRIBUTING CAUSE OF DEATH (notity medical examiner) OF INJURY OF INJURY (APPROX.) 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (this hospital) attended the deceased from At Wark At Wark At Wark 22. I certify that (I) (this hospital) attended the deceased from At Wark		WAS PERFORME	D		IN CERTIFYING CAUSI	ES OF DEATH?
22. I certify that (I) (this hospital) attended the deceased from 6 8 6 5 1965 to 6 9 1965 that (I) (we) last saw the deceased alive an 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9		21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner)		in ar about 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Baltimare C	ity, give exact location)
that (I) (we) last saw the deceased alive an solution of the causes stated abave. (I) (We) (did) (did nat) view the bady after death. 23A SIGNATURE Attending Med. Stoff Phys. GENERAL HOSP. TO BUILDING OF THE COUNTY City, town, or county) (State REMOVAL (Specily)) 24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS ADD		OF INJURY	While At Not Wh	ile 🖂	JURY OCCUR?	
23A, SIGNATURE 23A, SIGNATURE 23B, DATE SIGNED 23C, PHYSICIAN'S 23C, PHYSICIAN'S 23D, ADDRESS 23D, ADDRESS 23D, ADDRESS 23D, ADDRESS 24A, BURIAL CREMATION, 24B, DATE 24C, NAME of CEMETERY or CREMATORY 24D, LOCATION (City, town, or county) (State REMOVAL (Specily) 6/12/15 Morgan's Chapel Cem. Hoodline Md. 25A, DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGISTRAR 25C, FUNERAL DIRECTOR ADDRESS 23D, ADDRESS 24D, LOCATION (City, town, or county) (State Connelly) 25D, NAME OF REGISTRAR 25C, FUNERAL DIRECTOR ADDRESS 25D, ADDRESS	approtection of any all (exchip); and be obt	that (1) (we) last saw the deceased aliv	e an 6/9/	19 65 and th	hat in(my) (aur) apinic	n death accurred an the date
NAME (Type) LASTRUCCI PIETRO M.D. MARYLAND GENERAL HOSPITA 24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY SULVEY BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY Connection 25D. FUNERAL DIRECTOR ADDRESS JUN 1 0 1965 Report Example Connection 300 Mace Care, 21		l'eta lorture	M.D. A	tending Med.	Stoff 1	38. DATE SIGNED 6/9/6 5
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS SULP SULP & Fallentin Connelly 300 Mace and 21		LASTRUCCI PIE	IRO	MARYLAN	D GENER	RAL HOSPITAC town, or county) (State)
		urial 6/12/65	Morganis Ch	apel Cem, 25C. FUNERAL DIRECTO	Hoodline	ADDRESS 1
VS 150-REV. 1/1/65	- 11		. Farber M. 18	Connelly	1 300 Mac	e Chy, Salto.

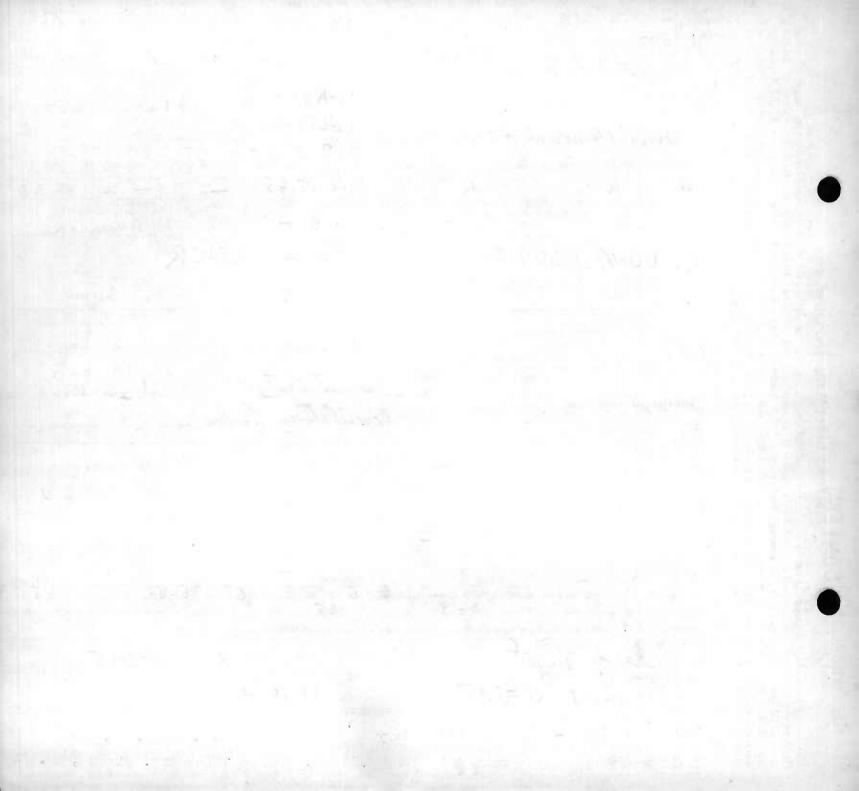


BIRTH NO. 65 60'	1:2	ATE OF DEATH	Registered Na.	65 6073
M.E. CASE NO.	CERTIFICA		ND HOUR OF DEATH	
(Type or Print) DOROTHY KOWALS	SKY	6/6/65	11:30	
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Who	ere deceased lived. If i	nstitution: residence before o
FULL NAME OF (If not in hospital or institut	tion, give street	MARYLAND)	Ball
INSTITUTION		C. CITY OR TOWN (IF of		RURAL ond give township)
2 JOHNS HOPKINS HOSE	PITAL	D. STREET ADDRESS (If	rurol, give location)	V2.66
		7906 31ST	. STREET	
FEMALE WHITE	RIED, NEVER MARRIED OWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under Months Doys Hours
done during most of working life, even if retired)	do amales	711	eign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHERS NAME		14. MOTHER'S MAIDEN NA	ME	10,011
John Brown	ept	Stophanie)	Spruche	?
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
NO -	218-12-235	I steve towa	elsky ?	7906-31-
18. 330XI	CAUSE	OF DEATH	1	INTERVAL BETW
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	R	stowed berry	angurio.	
(This does not mean the made of dying,	e.g., DUE TO	Time	1	1
heart failure, asthenio, etc. It means the dise injury or complication which coused death.)	:u5e,	of and rando	al arteril	2 41/20
ANTECEDENT CAUSES	(B)			- Lavae
DISEASES OR CONDITIONS, if any, gi		SCUD		Mean
UNDERLYING CONDITION last.	10,			J
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	JTING THE		-	
DISEASE OR CONDITION CAUSING IT.	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or N	ol 208, IF YES, WERE	FINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED		No		
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, factory, street, etc.)	in or obout 2 C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimor	e City, give exact location)
U	21E. INJURY OCCURRED	21F. HOW DID IN	IIIBY OCCUPY	
21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	While At Not Wh	ile 📉	JULI OCCUR:	
22. I certify that (1) (this haspital) attend	ed the deceased from		19 65 ta	a/4 19
that (1) (we) last saw the deceased alive		65		inian death accurred an
and haur and from the causes stated abov			(337, 37	A A
23A, SIGNATURE			1	23B. DATE SIGNED
WWoodier	M.D. A	tending Med. ys. Director	Stoff Phys.	6/6/6
23C. PHYSICIAN'S NAME (Type)	· V	23D. ADDRESS		
DR. W. MADDRE		JOHNS HOPKINS		
REMOVAL (Specify)	C. NAME of CEMETERY of C			ity, town, or county)
Burial 6-10-65	Holy Rosary	25C, FUNERAL DIRECTO	ltimore, Ma	
	* A			ADDRESS
JUN 1 U 1965 P. C. B. S. 150-REV. 1/1/65	10 Jay 41	Alired H. But	Ter-IXII Ch	esaco Ave. 212

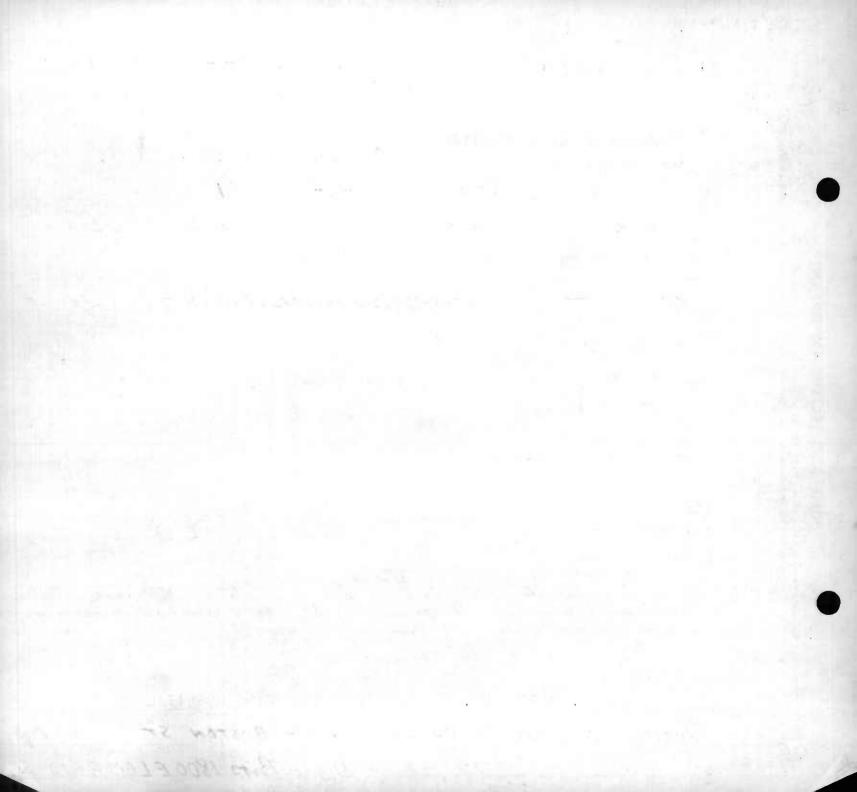
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VS 150-REV. 1/1/65



				BALTIMORE CIT			65 607
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		AGRES	STA, FLOR	AV		6-5-65	9:20 AI
3. P	LACE OF DI	EATH IN BALTIM	ORE, MARYLAND		4. USUAL RESIDENCE	(Where deceased lived, If COUNTY	institution: residence before odr
F	ULL NAME	OF (If not in	hospitol ar institution	n, give street	MARYLAND)	
	OSPITAL OR	oddress	or location)		C. CITY OR TOWN	(If outside city limits, write	e RURAL ond give township)
3					BALTIMOF	RE	
	THE J	OHNS HOL	PKINS HOS	PITAL	D. STREET ADDRESS	(If rural, give location)	
- F	PU	1/ 24.05	T AAABBIG	D. MEYER ALABRIED	2109 EAS		
5. S		6. RACE	WIPOW	D, NEVER MARRIED (ED, DIVORCED (specify)	8, DATE OF BIRTH	9. AGE (In years lost birthday)	Months Doys Hours
103	F	W W		OF BUSINESS OR INDUSTR	5-13-94	149	I CITITON OF
		f working life, even			III. BIKIHPLACE (Store	or tareign country)	12. CITIZEN OF WHAT COUNTRY?
		NK		UNK	BLUE EAR	TH MINN	US.A.
13. [FATHER'S NA	ME			14. MOTHER'S MAIDE	NAME	1
	ISADO	RE HIMBI	ER		ODELLA	MELZER	
15, V	Was Decease	d Ever in U. S. A	Armed Forces? or or dotes of service	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	NO	, 55, gr. 5 W		1/2-10-201/2	AST MICHAE	LS CHURCH -	7 C WINIEF &
	1B. /	20 VI		CAUSE	OF DEATH	23 CHURCH	INTERVAL BETWEE
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		mplication which	caused death,)	Ar	ite Grown	tal It	tem
		ANTECEDENT	CAUSES	(B) DUE TO			*
			NS, if any, giving se (A) stating th	ig .	of mon	Varteterni	a 9.
	1136 IG II	ie apave can		(C)	0 /1		***
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		IG CONDITION	10\$1,		0		
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ATIO	OTHER SIGN TO THE I	NIFICANT CONDI DEATH BUT N CONDITION CA	ITIONS CONTRIBUTI OT RELATED TO AUSING IT.	NG THE R WHICH OPERATION	20 A. AUTOPSY? (Yes		E FINDINGS CONSIDERED AUSES OF DEATH?
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DICAL CERTIFICATIO	OTHER SIGN TO THE IDISEASE OF 19A. DATE OF CONTRIBUTION OF CONTRIBUTION OF INJURY	NIFICANT CONDIDEATH BUT NO CONDITION	OT RELATED TO AUSING IT. 19B. CONDITION FOR WAS PERFORMED RLYING 2 2 4 4 4 4 4 4 4 4	THE R WHICH OPERATION 18. PLACE OF INJURY (e.g., ome, form, foctory, street,	in or about 21 C. WHERE office bidg., 21 F. HOW D	ar No) 208. IF YES, WERI	
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MEDICAL CERTIFICATIO	OTHER SIGN TO THE IDISEASE OF 19A-DATE OF	II VIFICANT CONDITION OF CONDITION CANTED THE PROPERTION OF CAUSE	ITIONS CONTRIBUTION RELATED TO AUSING IT. 19B. CONDITION FOR WAS PERFORMED RELYING 2	THE R WHICH OPERATION 1B. PLACE OF INJURY (e.g. ome, form, foctory, street, tc.) IE. INJURY OCCURRED While AI Not Will At Work The deceosed from (I) (We) (Wd) (did not) M.D. A	20A. AUTOPSY? (Yes view the body ofter d thending Med. Aberta Mark Aberta Med. Director 23D. ADDRESS JOHNS HOF	DID (If in Boltime UR? ID INJURY OCCUR? 19 5 to ond that in (my) (our) of eath. Stoff Phys. PKINS HOSPIT	S June 29 19 pinion deoth occurred on the 238. DATE SIGNED
MEDICAL CERTIFICATIO	OTHER SIGN TO THE IDISEASE OF 19A. DATE OF CONTRIBUTION OF INJURY (APPROX.) 22. I certifithot (I) (we ond hour of 23A, SIGNAT 23C. PHYSICI NAME (G	II VIFICANT CONDITION OF CONDITION CANTED THE PROPERTION OF CAUSE	ITIONS CONTRIBUTION RELATED TO AUSING IT. 19B. CONDITION FOR WAS PERFORMED RELYING 2	THE R WHICH OPERATION 18. PLACE OF INJURY (e.g. ome, form, foctory, street, tc.) IE INJURY OCCURRED While AI Not Will At Work The deceosed from (I) (We) (Utd) (Utd om) M.D. A	20A. AUTOPSY? (Yes view the body ofter d thending Med. Aberta Mark Aberta Med. Director 23D. ADDRESS JOHNS HOF	IN CERTIFYING COUR? ON O	pinion deoth occurred on t
MEDICAL CERTIFICATIO	OTHER SIGN TO THE IDISEASE OF 19A-DATE OF 19A-DATE OF 19A-DATE OF INJURY (APPROX.) 22. I certifithot (I) (we ond hour or 23A. SIGNAT 23C. PHYSICI NAME (I) BURIAL CR REMOVAL BURIAL CR REMOVAL	II VIFICANT CONDITION OF CONDITION CANTED THE PROPERTION OF CAUSE	ITIONS CONTRIBUTION RELATED TO AUSING IT. 198. CONDITION FOR WAS PERFORMED RLYING 2 her) (Year) (Hour) 2 hospital) attended deceased alive on uses stated above. RIFFLE DATE 24C.	THE R WHICH OPERATION 18. PLACE OF INJURY (e.g. ome, form, foctory, street, tc.) IE INJURY OCCURRED While AI Not Will At Work The deceosed from (I) (We) (Utd) (Utd om) M.D. A	20A. AUTOPSY? (Yes view the body ofter d thending Med. Aberta Mark Aberta Med. Director 23D. ADDRESS JOHNS HOF	Or No. 208. IF YES, WERIN CERTIFYING COUR? OID WR? OID INJURY OCCUR? 19 65 to ond that in (my) (our) of eath. PKINS HOSPIT 24D. LOCATION (19 1)	S June 2 19 pinion deoth occurred on the 23R DATE SIGNED



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	H NO. 6	5 60 MEDI	ICAL EX	AMINER'S C	ERTIFIC	CATE OF	DEATH Registe	red No. 5	6078
1. 1	NAME OF DEC	EASED				2. DATE AN	D HOUR PRONOUNC	ED DEAD	
{Ту	oe or Print)	CHARLES	MTI	LES KENLE	v	Tune	9, 1965		2:20 A M.
3. F	LACE IN BALTI	MORE, MARYLAND, W				RESIDENCE (Where	deceosed lived. If ins		
HO	L NAME OF SPITAL OR TITUTION	(IF NOT IN HOSPITA	AL OR INSTITU	TION, GIVE STREET	C. CITY O		le corporote limits, writ	e RURAL on	d give township)
10	/					Baltimor		0/	7 X
7	Unio	n Memorial H	ospital		D. STREET	6103 Par	kway Drive		
5. S	Male	White	WIDOWED, D	NEVER MARRIED DIVORCED(specify) Tied	Mar.	18,1901	9. AGE (In years lost birthday)		1 Yr. If Under 24 Hrs. Doys Hours Min.
		PATION (Give kind of world	10B. KIND OF	BUSINESS OR INDUSTR	Y 11. BIRTHPL	ACE (Stote or foreig	gn country)	12. CITIZEI	N OF COUNTRY?
don	Salesm	orking lile, even if retired) Sea	board	Furnishing	Co.	Birgini	a	WITA	COONTRI
13.	ATHER'S NAM				14. MOTHE	R'S MAIDEN NAM	E		
	J	oshua Kenl	ev			Millie	Akers		
15.		EVER IN U.S. ARMED		16. SO CIAL	17. INFORM	ANT		ADDRESS	
(Yes	, no or unknown)	(If yes, give wor or dote	s of service)	SECURITY NO.	Pauli	ne Ayers	Kenley,	wife,	above
CERTIFICATION	(This does in heart loilure, in jury or com A DISEASES (RISE TO THE UN DERLYIN OTHER SIGN TO THE	I E OR CONDITION DI LEADING TO DEATH of meon the mode of osthenio, etc. It meons uplication which caused on technical and the meons of	dying e.g., the discose, deoth.) SS NY, GIVING TATING THE CONTRIBUTIN LATED TO TH	(A) Exsa		of Larynx	20B. IF YES, WERE FI	NDINGS CO	
MEDICAL C	21 A. EXTERNAL UNDERLYING UTING CAUS	CAUSE WAS OR CONTRIB-	21 B. F	PLACE OF INJURY (e.g., form, foctory, street,	in or obout	O WHERE DID			
Σ	21D TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeo			WHILE WORK	TF. HOW DID INJ	URY OCCUR?	710	MH A
	ACTUAL SIGNATU EXAMIN	JRE CLE	nquiry Duses X A	Inspection X Au	de H CHI		XAMINER X		DATE SIGNED 6/9/65
	NAME (1	AATION, 23B. DATE	230	C. NAME of CEMETERY				, town, or co	ounty) (Slote)
	Burial			ak Lawn Ce	metery	E	Baltimore,		
24/	UN 10	1965 Robert	n 7 1	of registrar	Sch	uneral director simunek F 3331 Bret	uneral Ho		nc.
			7			# A			

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VS 150-REV, 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

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BALTIMORE CITY HEALTH DEPARTMENT

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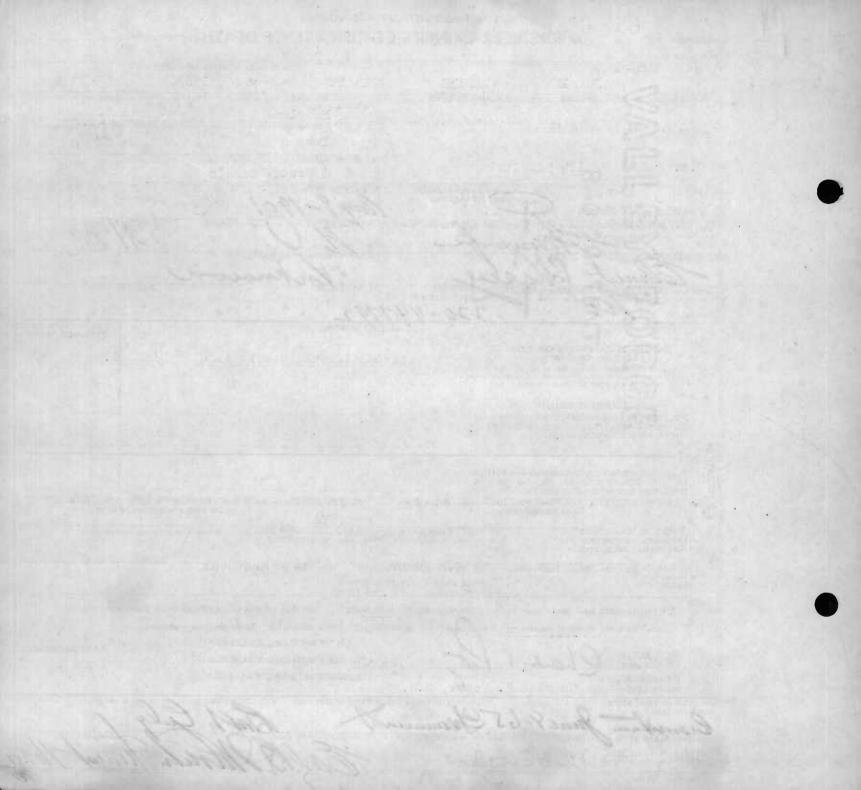
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65 6081 BALTIMORE CITY HEALTH DEPARTMENT

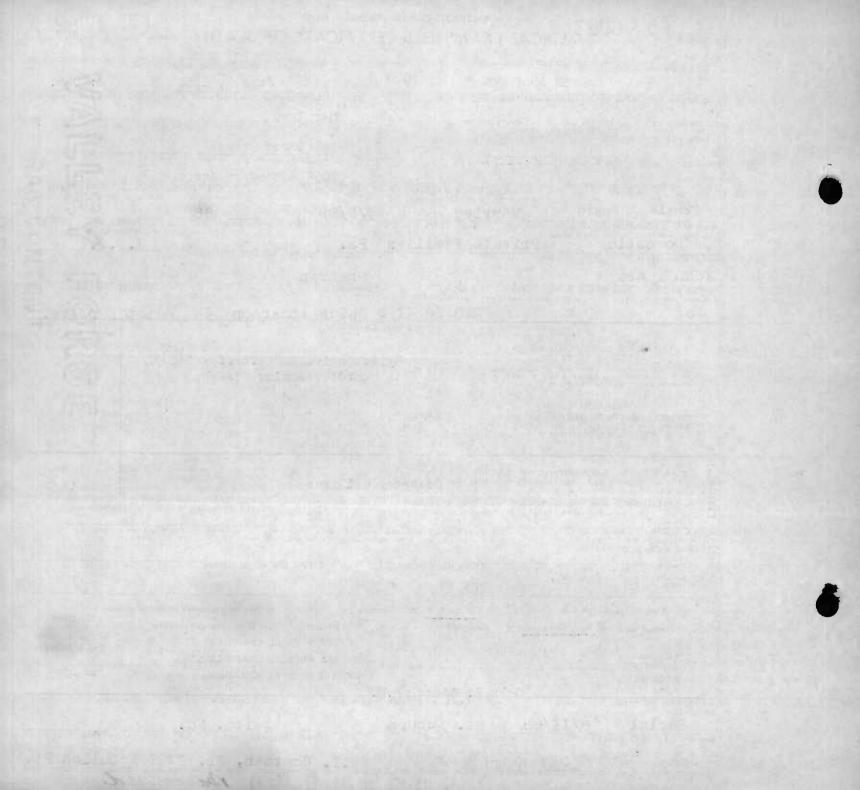
BALTIMORE CITY HEALTH DEPARTMENT

FX A MINER'S CERTIFICATE OF DEATH

M.E. CASE NO.			
1. NAME OF DECEASED (Type or Print) JESSIE DENITE	PHASEY	May 30, 1965	4:30 A
B. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A. STATE	DENCE (Where deceosed lived. If inst	itution: residence before admission Baltimore
ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)		ryland WN (If outside corporate limits, write	
NSTITUTION ADDITION		wson	12-00
U.S. Public Health Hospital	D. STREET ADD	ORESS (If rural, give location)	
0.5. rubite heaten hospital	1 (Centre Circle	THE STATE OF THE S
Female White TAMARRIED WIDOWED DIVORCED(specify)	Sulf 8-	9. AGE (In years lost birthday) 63	If Under 1 Yr. If Under 24 H Manths, Days, Haurs, Min
OA, USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR INDU	USTRY 11. PRETHPLACE	(State or Greign country)	12. CITIZEN OF WHAT COUNTRY?
Moserone	fle.	4.	U Sal
3. FATHER'S NAME	14. MOTHER'S N	AME NAME	
5. WAS DECEASED EVER IN U.S. ARMED FORCES? TS SOCIAL	17. INFORMANT	rknown	ADDRESS
Yes, no ar unknown the yest give war or dates of service) SECURITY NO.	1		
1B. 1B.	AUSE OF DEATH		INTERVAL BETWEEN
7-221/1	AUSE OF DEATH		ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Art	eriosclerot	ic Cardiovascular D	iseasd.
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)	•		
ANTECENDENT CAUSES			
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			
OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED			
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPS	17 (Yes of No) 20B. IF YES, WERE FI	
	Yes	5	Yes
21A, EXTERNAL CAUSE WAS OUNDERLYING OR CONTRIB- UTING CAUSE OF DEATH,	(e.g., in or obout 21C. 'eet, office bldg., INJUR	WHERE DID (If in Boltimore City, gi	ve exact locotion)
21D TIME (Month) (Day) (Yeor) (Hour) 21E INJURY OCCUR! OF INJURY (APPROX.)	NOT WHILE	OW DID INJURY OCCUR?	
22.	AT WORK		
I certify that I held an Inquiry I Inspection I		d that an this basis, death in t	
resulted from: Notural causes X Accident Su		ide Undetermined mann	er
ACTUAL OLO (MEDICAL EXAMINER MEDICAL EXAMINER MEDICAL EXAMINER	DATE SIGNED
SIGNATURE Laulus Letty EXAMINER'S NAME (Type) Charles S. Petry, M.D.	ASSOCIATE A	MEDICAL EXAMINER	5/30/65
23A, BURIAL CREMATION, 238, DATE 23C. NAME of CEMET		23D. LOCATION (City	, town, or county) (State)
Crownstern June 8-65 Selmun		Bath Ge	ly 1
24A. DATE REC'D BY HEACTH DEPT. 24B. NAME OF REGISTRAR	24C. FUNER	AL DIRECTOR	ADDRESS / /
JUN 10 1965 P. O. F. E. Fallyma	1/1/1	W/N XIIIAL	Missing 180



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DIRECTOR:

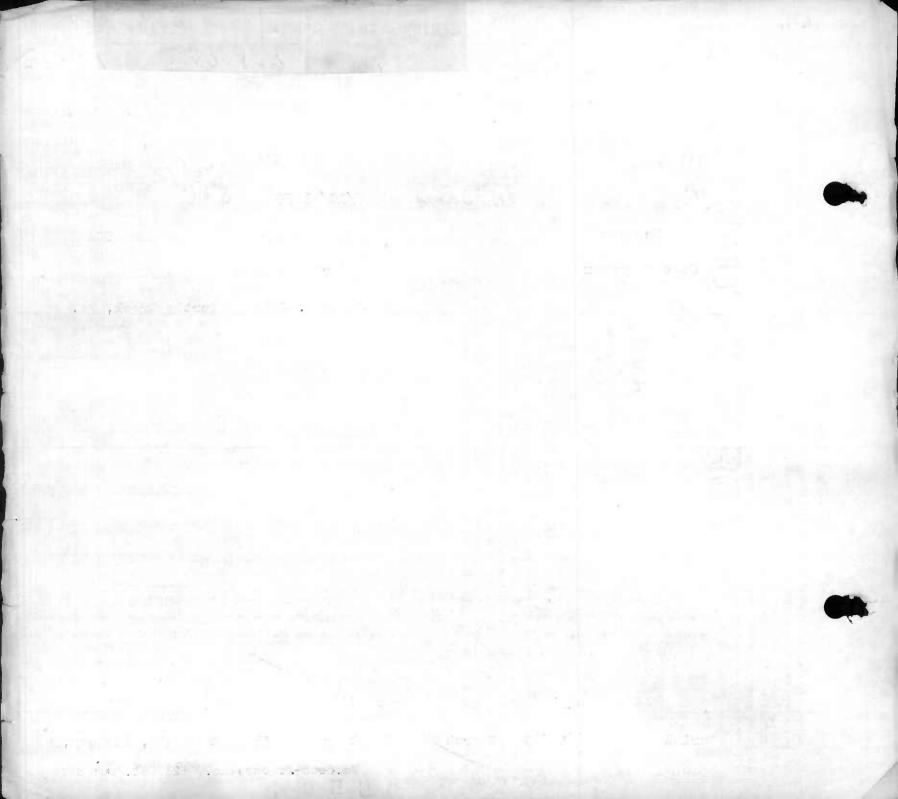
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BALTIMORE CITY HEALTH DEPARTMENT

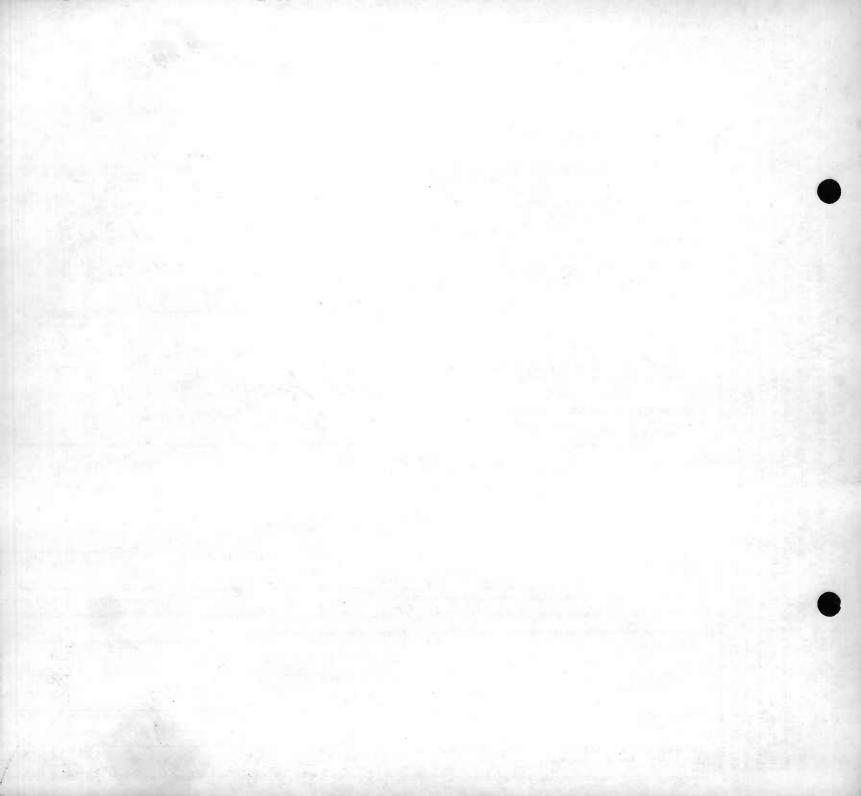
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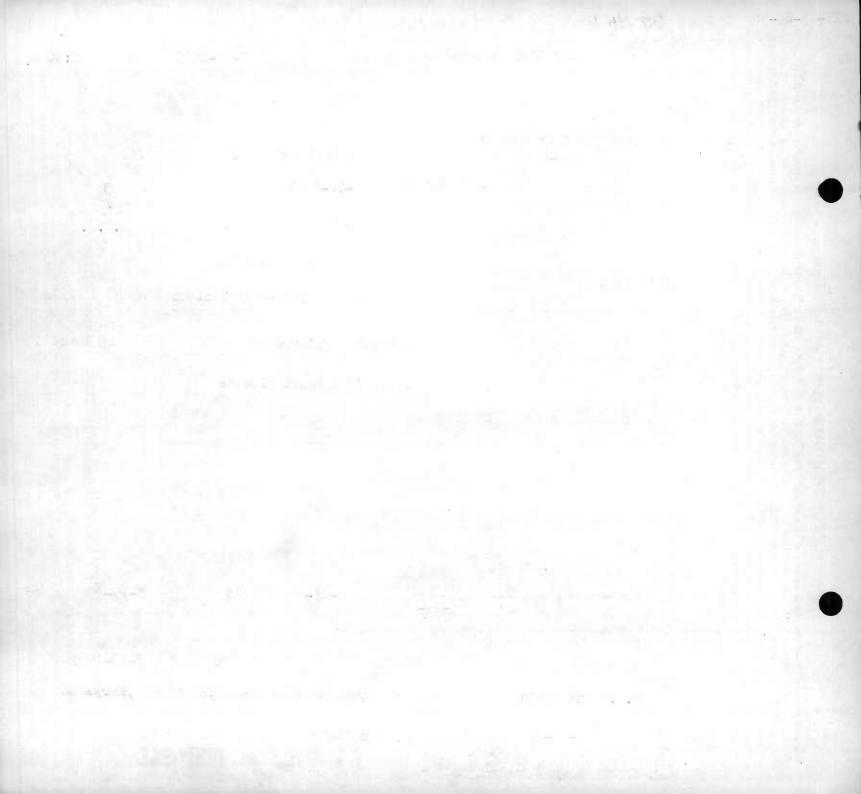


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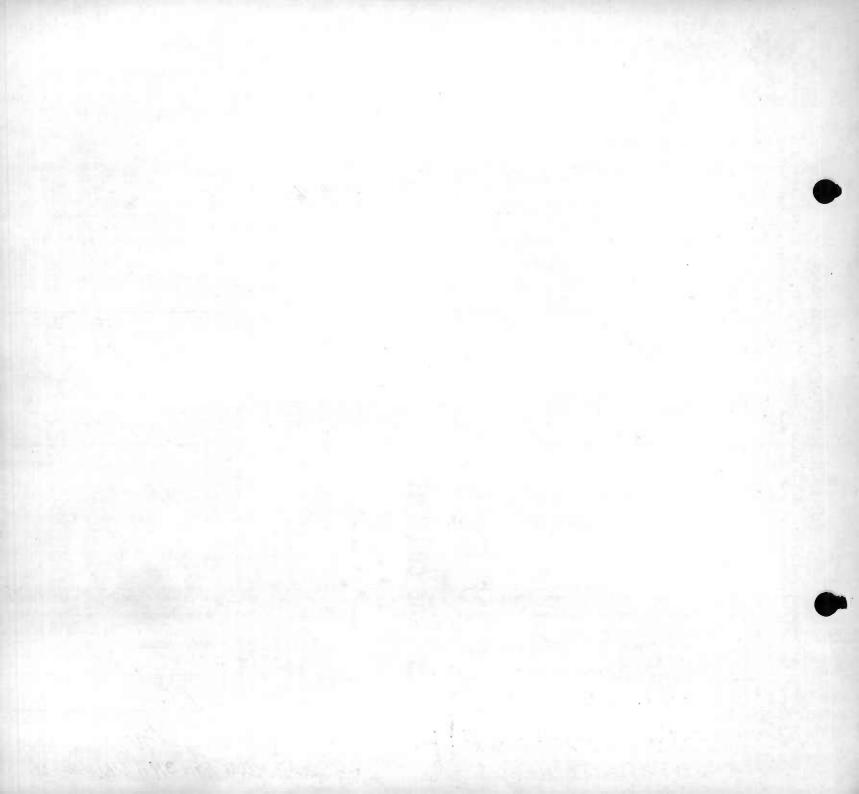
BALTIMORE CITY HEALTH DEPARTMENT



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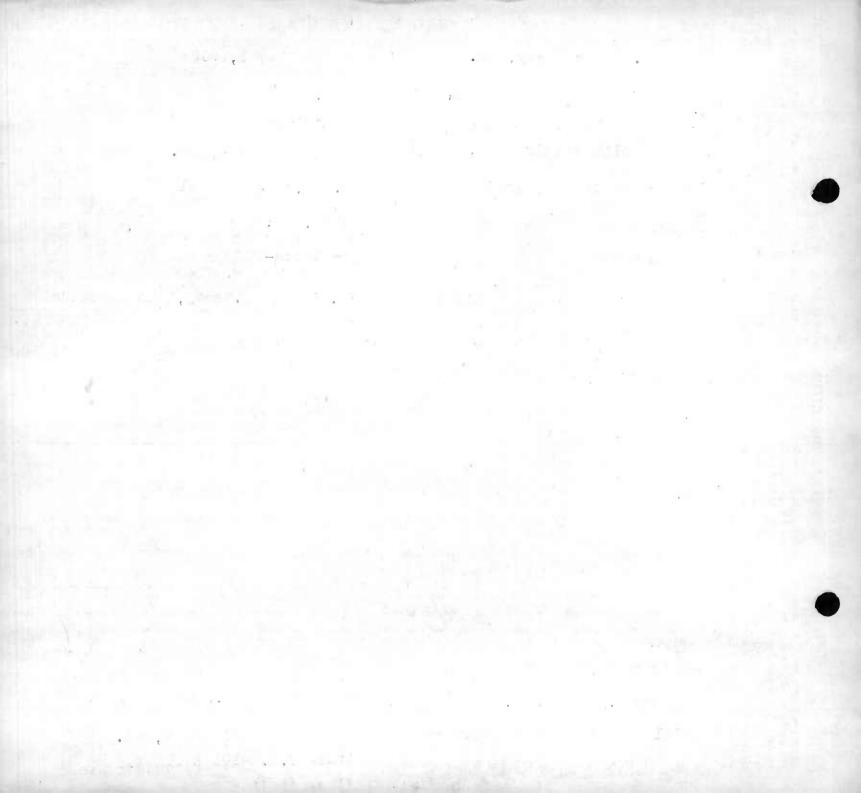
BALTIMORE CITY HEALTH DEPARTMENT



	BALTIMORE CITY HEALTH DEPARTMENT	65 6091
	TH NO. 65 6091 CERTIFICATE OF DEATH Registered No.	00 0001
1.1	LE CASE NO. NAME OF DECEASED. Pe of Print! JOHN A. BRENNER 2. DATE AND HOUR OF DEATH JUNE 8, 196	5 11:50 8
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived. If in A. STATE B. COUNTY	stitution; residence before odmission)
	FULL NAME OF (If not in hospital or institution, give street oddress or location) OCITY OF TOWN (If and its light	URAL and dive township)
9	DAINERSITY HOSPITAL BALTIMORE	
	BALTIMORE 1, MD. D. STREET ADDRESS (If rurol, give locotion) 5830 NORTHWOOD	Drive
5.	SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) 3/25/09 9. AGE (In yeors lost birthdoy) 100 100 100 100 100 100 100 100 100 10	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	PATTORNEY SOCISEC, ADM. FLORIDA FATHER'S NAME 14. MOTHER'S MAIDEN NAME	USA
130		71
15.	Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT	ADDRESS
(Ye	s, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	< -
C	NEMORINO - RUTH T. BRENNER,	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
	LEADING TO DEATH	(MU
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	
	ANTECEDENT CAUSES (B) ARTERIOLONE PITCOSCLEROS	5 7 6 HO.
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving	amainii
	rise to the obove couse (A) sloting the (C)	
	UNDERLYING CONDITION Iost.	
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING HYPERTENSIVE CHROLOVASCULAR TO THE DEATH BUT NOT RELATED TO THE DISEASE RICHT REJUNAL ARTERLY SO DISEASE OR CONDITION CAUSING IT.	12700513
CERTIFICATION	19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE F	INDINGS CONSIDERED ISES OF DEATH?
AL	OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR?	City, give exact location)
U	Management of the Control of the Con	
MEDI	OF INJURY (APPROX.) While At Not While Work At Work	
	22. I certify that (1) (this hospital) attended the deceased from MHY 8 19 65 to 7	ING 8 1965
	that (1) (we) last saw the deceased clive an JUNES 19 5 and that in (my) (our) apir	
	and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death.	uring
	23A. SIGNATURE	238 DATE SIGNED
	Nauco III Shearely M.D. Attending Med. Director Phys.	6/8/65
	23C.PHYSICIAN'S NAME (Type) 23D. ADDRESS	
2.1	David M. Shearer M.D. M.D. (NIV. (4081) 1782, D.	ALTIMORE, ILD
24/	A. BURIAL CREMATION, REMOVAL (Specify) 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (Cit	y, town, or county) (State)
	urial 6/11/1965 St. Mary's Jacksonville	
25/	A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR H.W. Jenkins & Sons Co	
V S		to.12, Md.



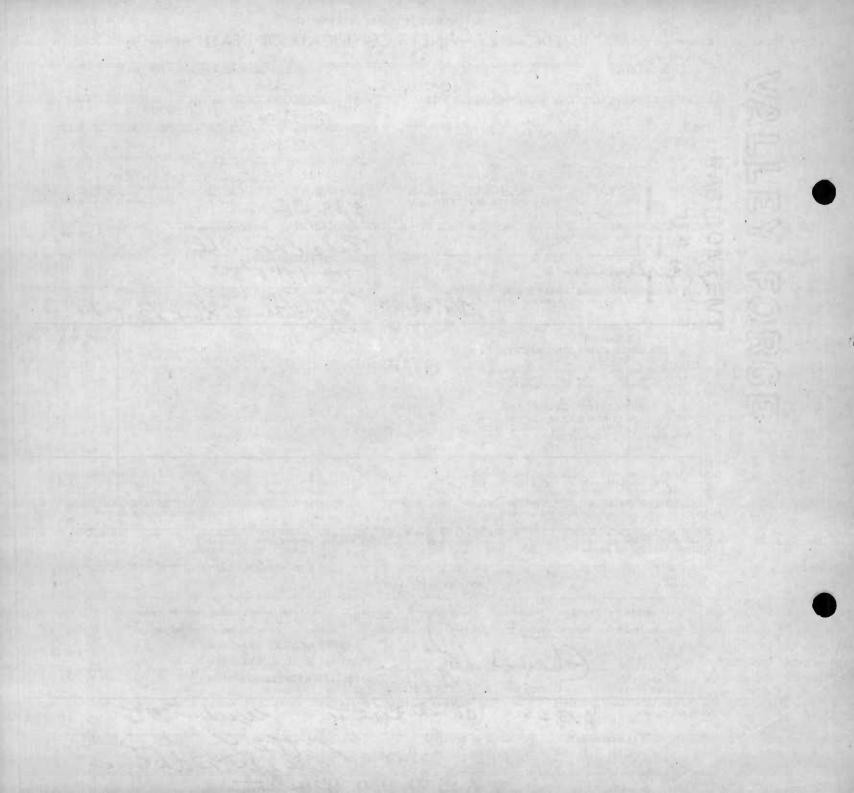
BALTIMORE CITY HEALTH DEPARTMENT



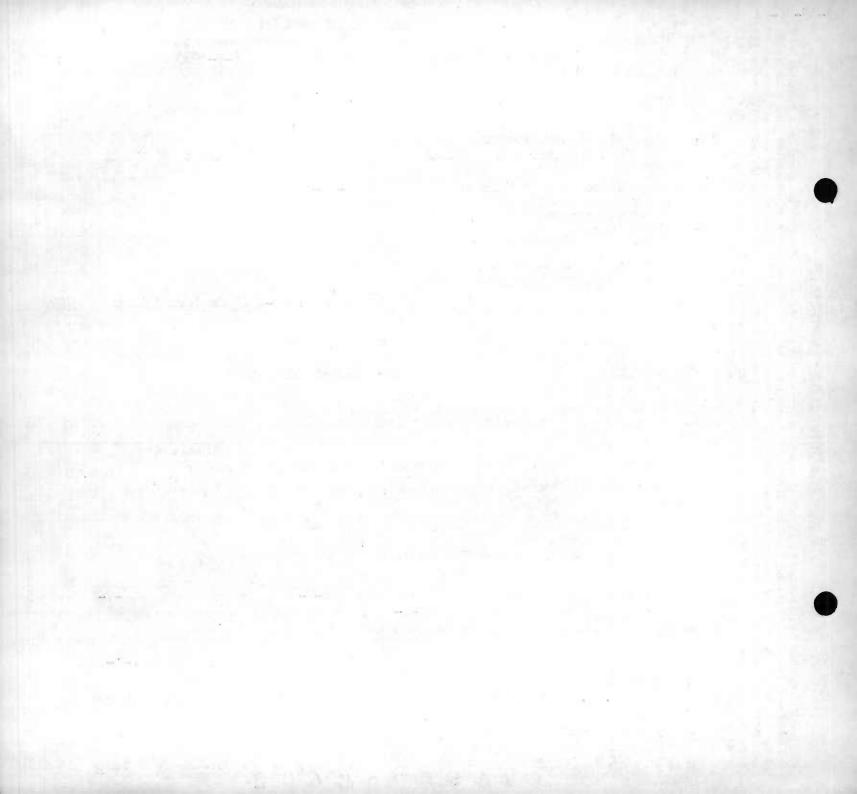
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BIRTH NO.	MEDI	ICAL EX	CAMINER'S C	ERTIFICA1	TE OF I	DEATH Registe	red Na.
M.E. CASE NO.							
1. NAME OF DE			DALLAND T			D HOUR PRONOUNCE	ED DEAD
2 24 4 22 141 241	JOHN		BOWSER, Jr			e 9, 1965	1 2:40 A M.
3. PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONOU	INCED DEAD	A. STATE	4	deceosed lived, If inst	itution: residence before odmission) INTY
FULL NAME OF	(IF NOT IN HOSPITA	AL OR INSTITU	TION, GIVE STREET		ryland	- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	DILBAL
HOSPITAL OR	ADDRESS OR LOCA	(TION)				e corporate limits, write	RURAL ond give township)
				Вал	Ltimore		14-02
P	rovident Hosp	ital		D. STREET ADDE			
	1			140	09 McCu	11oh Street	
5. SEX	6. RACE		NEVER MARRIED DIVORCED(specify)	B. DATE OF BIRTH	H	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Months, Days, Hours, Min.
Male	Negro	WIDO WED,	or voket bispection	530,0	56	29	Tribina de la constanta de la
	CUPATION (Give kind of work	108. KIND OF	BUSINESS OR INDUSTRY	1	State or foreig		12. CITIZEN OF
	warking life, even if retired)			7,	11	12/-	WHAT COUNTRY?
13_FATHER'S NA	ME	1	*	14 MOTHER'S M.	AIDEN NAM		
n . 0 23	Beneser			mall	3top	port	
14			1/ 00 0141	17 100011		11	ADDRESS
	ED EVER IN U.S. ARMED		SECURITY NO.	17. INFORMANT	Mar	Mony	ADDRESS A 10
			243-30-3169	9101	Bether	el Street	Gret De
18.	1.0		CAUSE	OF DEATH			INTERVAL BETWEEN
	/						ONSET AND DEATH
DISEA	ASE OR CONDITION DIV LEADING TO DEATH		(A) Fatty	Liver			THE RESERVE OF SHIPS
(This does	not meon the mode of	dying, e.g.,	DUE TO	HILVEL .			
injury or co	e, asthenio, etc. It means amplication which coused	death.)					
	ANTECENDENT CAUSE	2					
	OR CONDITIONS, IF A		(B)DUE TO			***********************	
RISE TO TH	HE ABOVE CAUSE (A) ST ING CONDITION LAST.	TATING THE	301.10				V DE STEEL STEEL
	ino consinon easi,		(C)	04=10=100000=00000000000000000000000000			
OTHER SIC	1					4,5,0,0	
OTHER SIC	SNIFICANT CONDITIONS						
E DISEASE	DEATH BUT NOT REI		HE				
<u> </u>	F OPERATION 198. CON	DITION FOR	WHICH OPERATION	20 A. AUTOPSY			NDINGS CONSIDERED
ਹ	WAS PER	FORMED		Ye	S	IN CERTIFYING CAUS	ses of DEATH? Yes
21 A, EXTERNA	AL CAUSE WAS	21 B.	PLACE OF INJURY (e.g.,	in or obout 21C. W	VHERE DID	(If in Boltimore City, gi	ve exact location)
UNDERLYING UTING CAL	OR CONTRIB-	home,	, farm, factory, street, c	ffice bldg., INJURY	OCCUR?		
4			1E. INJURY OCCURRED	015 116	5W 616 (MIII	IRV O GGILIRO	
OF INJURY	(Month) (Doy) (Yeor				DA DID INT	JRT OCCOR?	
(APPROX.)		m. V	VHILE AT NOT	ORK			
22.	rtify that I held an I			apsy X one	d shae et :	ie beele desth in -	ny aninian
						is basis, deoth in n	
resu	Ited fram: Natural car	uses X A	ccident Sulcid			Indetermined manne	er
ACTUA		7	1 do		EDICAL EX		DATE SIGNED
SIGNAT		Wes S	/ Elly M.D.	ASSISTANT MI	EDICAL EX	AMINER 🗵	
EXAMI	NER'S	1 -	1	ASSOCIATE M			6/9/65
NAME	(Type) Cha		Petty, M.D.				
23A. BURIAL CR REMOVAL (Speci		23	C. NAME OF CEMETERY		23 D. L	OCATION (City,	town, or county) (State)
the (speci	615,6		the contract	meteral	21	recon .	1.6
24A. DATE REC'E	D BY HEALTH DEPT.	248, NAME	OF REGISTRAR	24C. FUNERA	AL SHECTOR	./	ADDRESS
	JUN 1 0 1965		8- E, Farley M.D	/ / /n	Mea	2-10,19	page
	20H 7 1000	Colore	O. C. darber Line	2	3022	e routh	aux.
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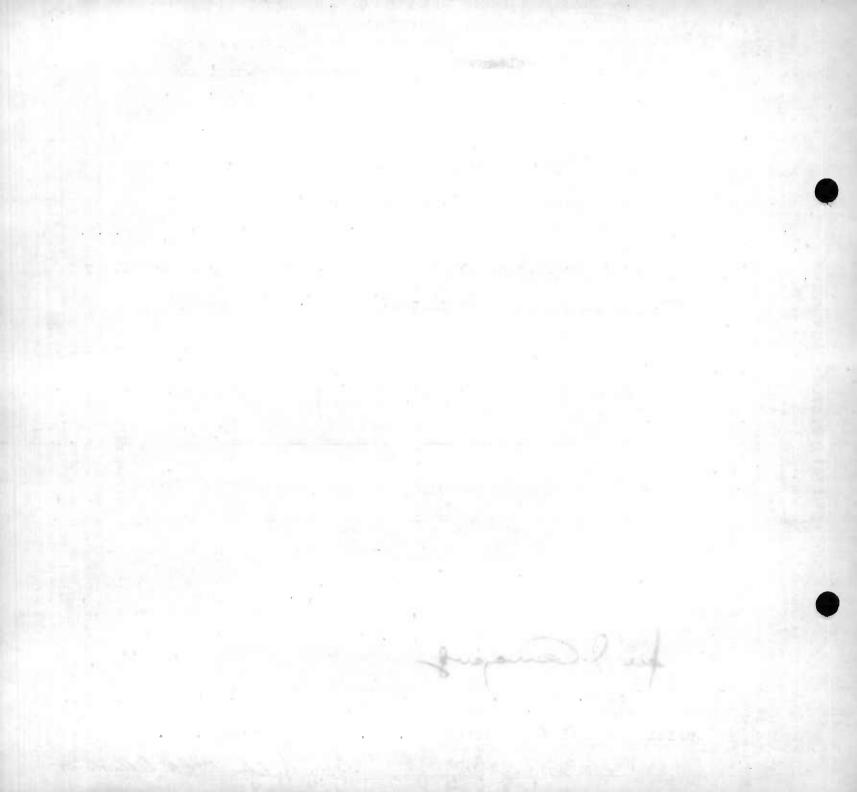


SAB-43-80-24	BRITH NO. M.E. CASE NO. BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. Registered No.	65 6094
tal and f death eceased on the h. Such	1. NAME OF DECEASED 1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH 1. NAME OF DECEASED 3. DATE AND HOUR OF DEATH 6-7-1965	12:30 P _M
n a hospita cause of use; (5) Dec tendance r to death.	3. PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF HOSPITAL OR oddress or location) Baltimore City Hospitals 4. USUAL RESIDENCE (Where deceased lived. If institution, give street Maryland C. CITY OR TOWN (If autside city limits, write RUR Baltimore D. STREET ADDRESS (If rurol, give location)	utian: residence before admission)
rred in outing ed cau ar att prior		21224
contributing termined ca regular at regular at reased prior	Male White Married 3-13-1892 ost birthdoy) 73	f Under 1 Yr. If Under 24 Hrs. Hours Min.
or co Indeto s in dece	done during most at working life, even if retired) Greece Greece	WHAT COUNTRY?
if dect way	Damitrios E Letheriou unk.	
IMPORTANT or his assistant Also, if the dir of any kind; (ounced death trendance on	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no ar unknown) (If yes, give war ar doles af service) No. 16. SOCIAL SECURITY NO. 236-03-4865 Records:BCH-4940 Eastern Ave.	enue 21224
S ass	18. 420, / I CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
: IMPC	ODSEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., DUE TO	Minutes
miner niner. fractur o pror	heart foilure, osthemio, etc. It meons the disease, injury or complication which caused death.) Myocardial Infarction	2 Hours
ECT exam 3) A wh n re are	DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.	
- 0 e. 2 9 0	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Disease Arteriosclerotic Cerebral Vascular	Unknown
= 5 a + 5 a	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINI IN CERTIFYING CAUSE	
No No	OR CONTRIBUTING CAUSE OF CETT	ity, give exoct lacation)
ved hos natu ept d (6)	21D. TIME (Manth) (Day) (Year) (Haur) 21E. INJURY OCCURRED While At Nat While At Work At Work 21F. HOW DID INJURY OCCUR?	
app to the	that (1) (we) last saw the deceased alive an	
ide de de de	M.D. Attending Med. Director Phys.	6-7-1965
rificate m y was rel 1) An acc 2.A. at a d prior to	23C. PHYSICIAM'S NAME (Type) Dr. H. Rathbun M.D. 4940 Eastern Avenue, Baltimore	
cert bodd Vs: (D.O oase	Burial 6/9/65 Gr. Ormodox Cem. Balto. 1	lawn, ar county) (State)
This ce the boo shows: was D. deceas	JUN 10 1965 Robert E. Farley M. Jannero & Joseph M. Zannero & Jose	263 S. Cordley



V\$ 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT



No.	CEASED Ha	arry Dorsey	2. DATE AND	-7-1965	6:3
3. PLACE OF D	OF (If not in hospitol	or institution, give street	4. USUAL RESIDENCE (Where de A. STATE B. COUNTY Maryland	Howard	
INSTITUTION	Baltimore Ci 4940 Eastern	ity Hospitals	D. STREET ADDRESS (If ruto	Rural , give locotion)	URAL and give township)
5. sex Male	Baltimore, Ma	aryland 21224 7. MARRIED, NEVER MARRIED WIDOWED DWORCED (specify)	Woodbine 8. DATE STRIP 9. A gast	AGE (In years birthdoy)	If Under 1 Yr. If Under Months Doys Hours
10A. USUAL OC		rk 108, KIND OF BUSINESS OR INDUST	9/ 15/1861 RY 11. BIRTHPLACE (Stote or foreign Maryland	country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHERS NA	AME		14. MOTHER'S MAIDEN NAME		0.5.A.
	ed Ever in U. S. Armed Fo	orces? 16. SOCIAL SECURITY NO.	17. Informant Records: BCH–4940	Eastern A	Address Evenue 21224
	4 X I		OF DEATH	Das cell h	INTERVAL BETWE
	ASE OF CONDITION DI LEADING TO DEATH	(A) As	ciration Pneumonia		l week
heart failure	nal mean the made a a, asthenia, etc. It mean amplication which cause ANTECEDENT CAUSE	s the disease,	rebral Occlusive Va Disease	scular	2 years
rise la l	OR CONDITIONS, if the above cause (A) NG CONDITION last.	any, giving			
	NIFICANT CONDITIONS DEATH BUT NOT REL	ATED TO THE PO	ossible Sepsis		
O OTHER SIGN TO THE DISEASE O	NIFICANT CONDITIONS DEATH BUT NOT REL R CONDITION CAUSING DE OPERATION 1198. COI	ATED TO THE PO	•	OB. IF YES, WERE F	INDINGS CONSIDERED
OTHER SIGN TO THE DISEASE O 19A. DATE OF CONTRIL DEATH (not	NIFICANT CONDITIONS DEATH BUT NOT REL R CONDITION CAUSING DE OPERATION 1198. COI	ATED TO THE TO THE TO THE TOTAL TO THE TOTAL TO THE TOTAL TO	20A. AUTOPSY? (Yes or No) 2		INDINGS CONSIDERED USES OF DEATH? City, give exact locotion)
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7 - 1.00 by

23C. NAME of CEMETERY OF CREMATORY

248 NAME OF REGISTRAR

23D. LOCATION

24C. FUNERAL DIRECTOR

(City, tawn, ar county)

Kelen ISTEN Colhoun

(State)

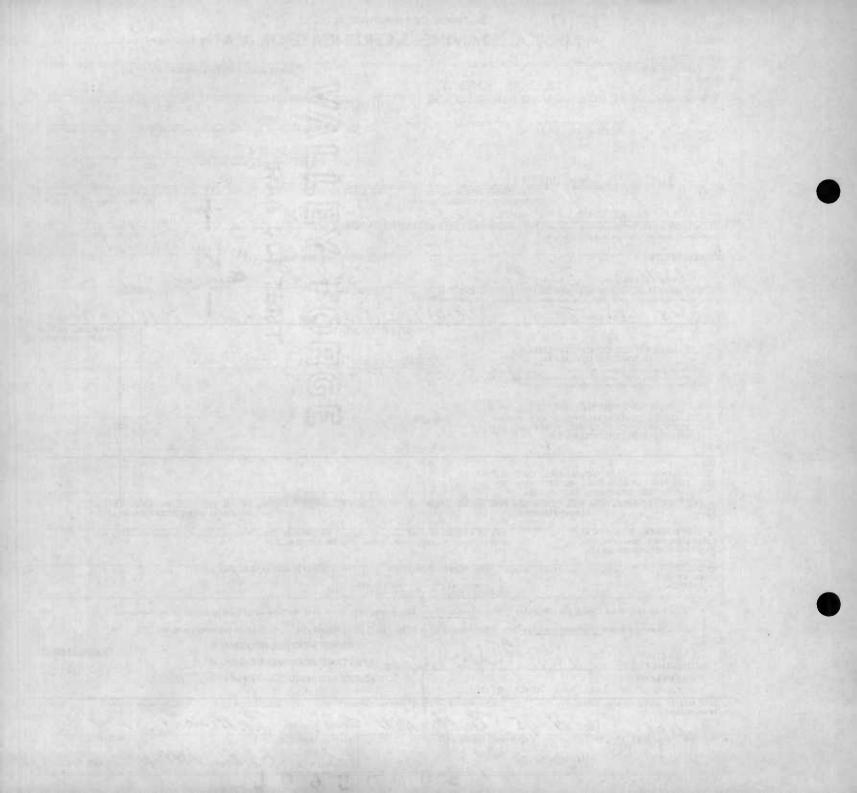
NAME (Type) Rudiger Breitenecker

23A. BURIAL CREMATION, 23B. DATE

24A. DATE REC'D BY HEALTH DEPT.

BUNG!

VS 151-REV. 1/1/65



The state of the s	of death of death Deceased o on the ath. Such	AT BY A	7 2065 5.15 p
5.5ER S. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF PRINTH 12/28/1864 12/2	cause use; (5) endanc to dec	FULL NAME OF HOSPITAL OR INSTITUTION 502 Sanford Place A. STATE 8. COUNTY Maryland C. CITY OR TOWN (If outsided by the county of the county	e city limits, write RURAL and give township)
The second with the service of the s	occurred ontributi ermined regular eased pr	5. SEX 6. RACE Negro Negro 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign done during most of working life, even if retired) 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) 12/28/1864 12/28/1864 12/28/1864	AGE (In years If Under 1 Yr. If Under Months Doys Hours Country) 12. CITIZEN OF WHAT COUNTRY?
SECURITY NO. No. Security	irect (4) Urh was		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH LEADING TO DEATH (A) CARDIO VASCULAR DUE TO ANTECEDENT CAUSES ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving nise la the above cause (A) stating the UNDERLYING CONDITION last. NOT THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. ONSET AND DEATH (A) CARDIO VASCULAR DUE TO ANTECEDENT CAUSES DUE TO DUE TO ANTECEDENT CONDITION S. (B) DUE TO DUE TO ANTECEDENT CONDITION S. (C) UNDERLYING CONDITION S. (D) THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT. (D) THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. (D) ANTECEDENT WAS UNDERLYING TO THE DISEASE OR CONDITION CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT. (D) THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. (D) ANTECEDENT WAS UNDERLYING TO THE DISEASE OR CONDITION SCONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT. (D) ANTECEDENT WAS UNDERLYING TO THE DISEASE OR CONDITION SCONTRIBUTING TO THE DISEASE OR CONDITION SCONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT. (D) ANTECEDENT WAS UNDERLYING TO THE DISEASE OR CONDITION SCONTRIBUTING TO THE DISEASE OR CONDITION SCONTRIBUTING TO THE DISEASE OR CONDITION SCONTRIBUTING TO THE DISEASE OR CONDITION TO THE DISEASE OR CONDITION FOR WHICH OPERATION TO THE DISEASE OR CONDITION	the the deat	No No (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. Myrtle Wilson	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID 10 or CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID 10 or CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID INJURY OCCUR? 10 or CONTRIBUTING CAUSE OF DEATH? 10 or CONTRIBUTING 10 or C	examiner. 3) A fractur. n who profin regular.	LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which coused deoth.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. (A) CARDIO VASC DUE TO DUE TO (B) DUE TO (C)	
22. I certify that (I) (this hospital) attended the deceased from ARIA 27 1965 to UNE 1960 that (I) (we) lost sow the deceased alive on UNE 3 1965 and that In (my) (ear) opinion death occurred on the ond haur and from the causes stated above. (I) (We) (did) (did not) view the body after death.	tal by a b; (2) Body here the No physicial before the	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 2 WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR?	
Sopo E William Frey M.D. Attending Med. Stoff Phys. Director Phys.	approvious the fany nel (exceed); and	While At Work 22. I certify that (I) (this hospital) attended the deceased from ADR 1 42 27 19 that (I) (we) lost sow the deceased alive on UNF 3 19 5 and that and haur and from the causes stated above. (I) (We) (did) (did not) view the body after death. 23A. SIGNATURE	In (my) (cor) opinion death occurred on the

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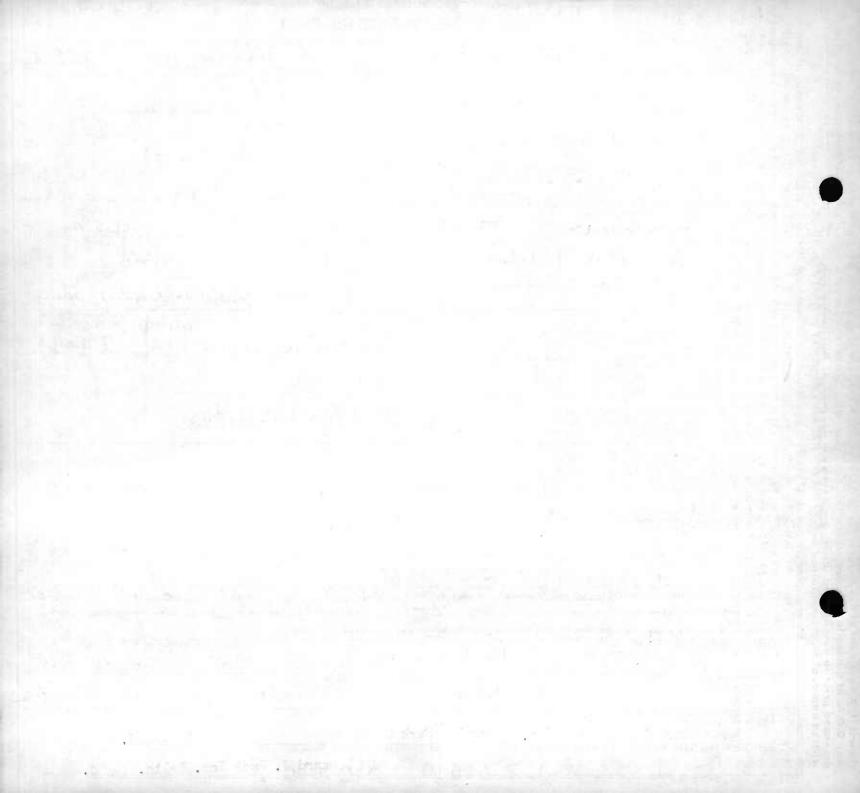
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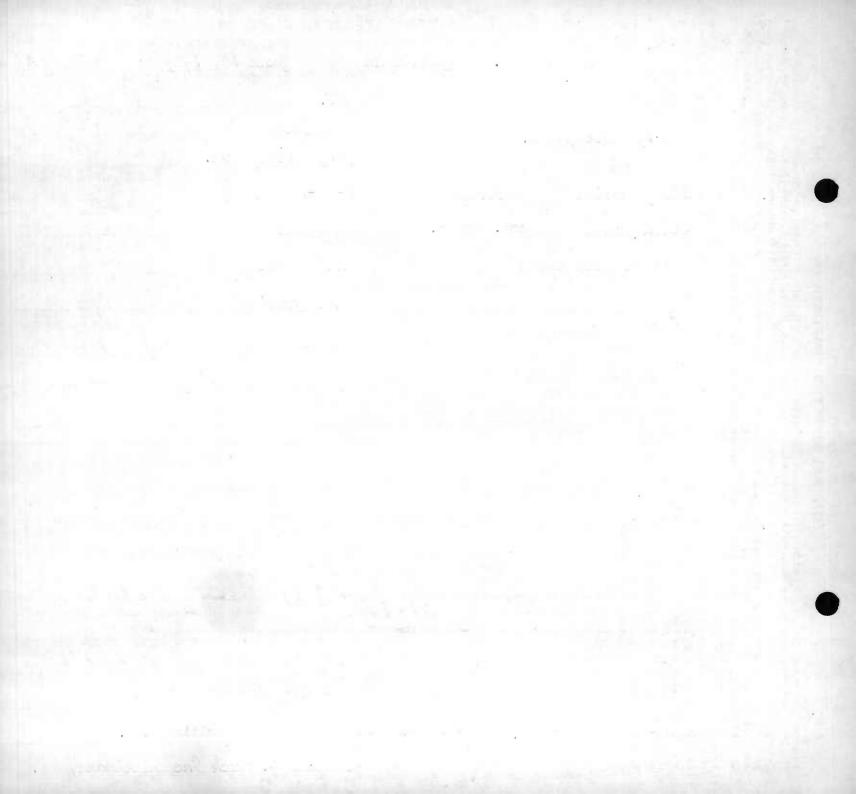
IMPORTANT

FUNERAL DIRECTOR:

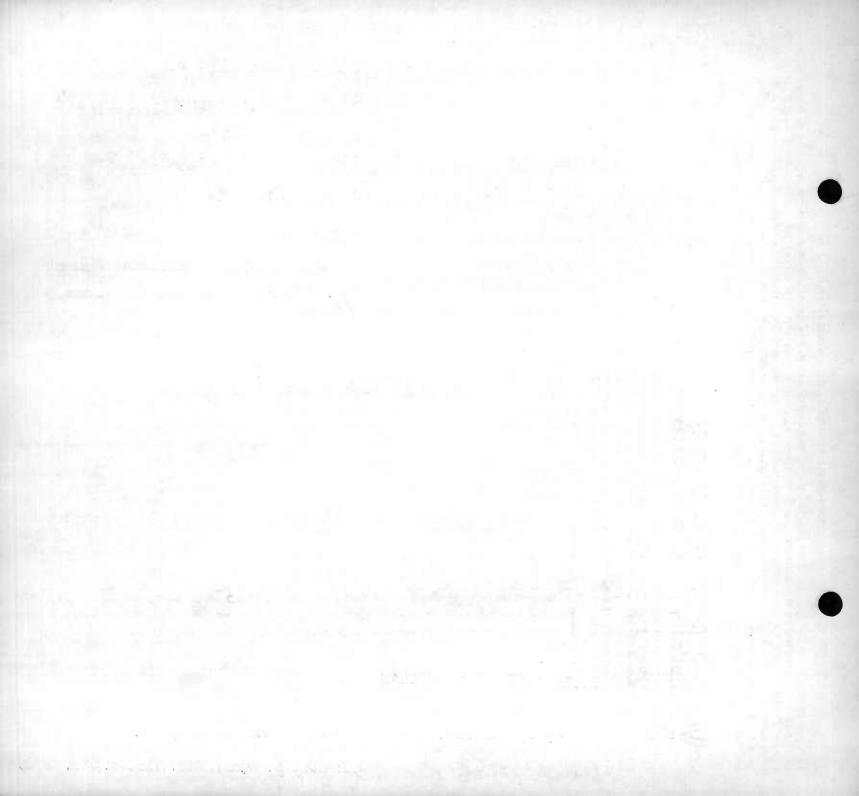


VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT



VS 150-REV. 1/1/65



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VS 151-REV. 1/1/65

M.E. CASE NO.	EDICAL EXAMINER'S C	ERTIFICATE OF DEATH Registered No.
1. NAME OF DECEASED		2. DATE AND HOUR PRONOUNCED DEAD
(Type or Print) Will	liam H. Kammer, Sr.	June 6, 1965 12:30 P. _{M.}
3. PLACE IN BALTIMORE, MARYLAN FULL NAME OF (IF NOT IN HO HOSPITAL OR ADDRESS OR INSTITUTION	DSPITAL OR INSTITUTION, GIVE STREET	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission) A. STATE Maryland C. CITY OR TOWN (If outside corporate limits, write RUIAL and give township)
^	E. Preston Street	Baltimore D. STREET ADDRESS (If rurol, give locoson) 701 E. Preston Street
5. SEX 6. RACE Male White	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) MARRIED	9. AGE (In years of birthday) OCT - 5, 1887 9. AGE (In years of birthday) Manths, Doys Haurs Min.
10A, USUAL OCCUPATION (Give kind of done during most of working life, even if ref PHARMACIST 13, FATHER'S NAME	of work 108. KIND OF BUSINESS OR INDUSTR	Y11. BIRTHPLACE (Stole or foreign country) BALTIMORE, MD.
D	datas of service) SECURITY NO	ANNA LIST 17. INFORMANT R. W. H. KAMMER, JR 612 W.40TH ST.
DISEASE OR CONDITION LEADING TO D (This does not mean the more heart failure, asthemia, etc. It reinjury or complication which conditions and the conditions of the conditions of the condition	EATH le of dying, e.g., used death.) AUSES IF ANY, GIVING A) STATING THE AST. (C)	iosclerotic Cardiovascular Disease
WAS	USING IT. CONDITION FOR WHICH OPERATION S PERFORMED	20A. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
ZIA, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 21D TIME (Month) (Day) OF INJURY (APPROX.)	home, form, foctory, street, etc.) (Year) (Hour) 21 E. INJURY OCCURRED	in or obout 21C. WHERE DID (If in Boltimore City, give exact location) affice bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR?
I certify that I held of resulted from: Noture ACTUAL SIGNATURE EXAMINER'S	n Inquiry Inspection X Au	topsy ond that on this basis, death in my opinion
23A. BURIAL CREMATION, 238. DA	TE 23C. NAME OF CEMETERY	
BURTAL 6/9	165 LOUDON F	PARK BALTIMORE, MD.
JUN 11 1965 A	O B- C FORMA	H. W. MEARS & SON 805 N. CALVERT S

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	H NO.	MED	ICAL EXAM	MINER'S C	ERTIFICATE OF	DEATH Register	red No.
_	AME OF DEC	FASED			12 DATE AN	ID HOUR PRONOUNCE	FD DEAD
Typ	e ar Print)			** ** ********			
3. P	LACE IN BALT	ANITA	HERE PRONOUNCED	HAWKINS	4. USUAL RESIDENCE Where	8, 1965	19:17 P M. tution: residence before admission)
FUL	L NAME OF	IIF NOT IN HOSPIT	AL OR INSTITUTION,	GIVE STREET	Maryland	B. COU	NTY
HO:	L NAME OF SPITAL OR TITUTION	ADDRESS OR LOCA	ATION)		C. CITY OR TOWN (If outside	le corparate limits, write	RUKAL and give tawnship)
					Baltimore		17-03
	Unive	ersity Hospit	al		D. STREET ADDRESS IIf rurol		
5. S	FV	1 0ACT	7 14 100100 110170		342 Bloom		Tr. 1. (1 × 1/11 + 04 1/1
2. 2	EA.	6. RACE	7. MARRIED, NEVEL		B. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr, If Under 24 Hrs. Months Days Haurs Min.
	emale	Negro	Divorce		Feb. 7, 1914	51	
		JPATION (Give kind of wor vorking life, even if retired)	k OB. KIND OF BUSH	NESS OR INDUSTRY	11. BIRTHPLACE (Stote or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
	Seamstr	ess	Hutzler		Baltimore Man		U.S.A.
13. F	ATHER'S NAM	\E			14. MOTHER'S MAIDEN NAM	E	
		Herbert Tank			Susie Bell		
		D EVER IN U.S. ARMET		CIAL CURITY NO.	17. INFORMANT		ADDRESS
	No			-03-9430	Dazee Rowlings	s, 2602 Chel:	sea Terrace
	1B. 44	43 X		CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEAS	E OR CONDITION DE	RECTLY				ONSET AND DEATH
		LEADING TO DEATH	1		iosclerotic and		
	heart failure,	not mean the mode af asthenia, etc. It means application which caused	dying, e.g., the diseose,	XXXXX Ca	rdiovascular Dis	ease.	
	injury or can	npiiconan which caused	de otn.)				
		NTECENDENT CAUS		(B)			
		OR CONDITIONS, IF A E ABOVE CAUSE (A) S		DUE TO	***************************************		
_	UNDERLYIN	IG CONDITION LAST.		(C)			
Ó				10/			
¥	OTHER SIGN	II NIFICANT CONDITIONS	CONTRIBUTING				
윤	TO THE	DEATH BUT NOT RE	LATED TO THE				
CERTIFICATION		OPERATION 198, CON		OPERATION	20A. AUTOPSY? IYes or No.	208, IF YES, WERE FIN	NDINGS CONSIDERED
ပ)	WAS PER			Yes	IN CERTIFYING CAUS	SES OF DEATH? Yes
¥	21 A. EXTERNAL	CAUSE WAS	21B. PLACE	OF INJURY le.g.,	in ar about 21C. WHERE DID	Ilf in Baltimore City, giv	
MEDICAL	UNDERLYING L	OR CONTRIB-	home, farm	, foctory, street,	office bldg., INJURY OCCUR?		
ME	21D TIME	(Month) (Doy) (Yea	r) [Hour) 21E IN	JURY OCCURRED	21F, HOW DID INJ	LINY O.C.C.LIN2	
	OF INJURY (APPROX.)	William 100y/ Ted				DRI OCCOR:	
			m. WHILE WORK	AT W	WHILE ORK		
	22. I cert	ify that I held an I	nquiry Ins	ection Aut	topsy 🗵 and that on th	is basis, death in m	ny apinian
	resul	ted fram: Natural ca	uses X Accide	nt Suicid	e Hamicide	Undetermined manne	er 🗌
		01		_	CHIEF MEDICAL EX		
	ACTUAL		11.5/2		ASSISTANT MEDICAL EX		DATE SIGNED
	SIGNAT	The same of the sa	uus i ra	M. D	ASSOCIATE MEDICAL E		6/9/65
	EXAMIN NAME (Type) Charl	es S. Petty	, M.D.	ASSOCIATE MEDICAL E	AAMINER	
	BURIAL CRE	MATION, 23B. DATE		ME OF CEMETERY	OF CREMATORY 23D. L	OCATION (City,	tawn, ar county) (State)
KEA	Burial	June	12, 65	Mt. Aub	urn	Rollin Ma	ryland
24A		BY HEALTH DEPT.	24B, NAME OF RE		24C. FUNERAL DIRECTOR	THE PARTY OF THE P	ADDRESS
	15 (N) 1 1		0 7 0				
¥	MINIT	1965 Robert	E. Jarbers	A TOP OF THE PROPERTY OF THE P	Charles	R. Law 802	radison ave.
VS	151-REV. 1/1/	65	7 0 5	0 11 0	1 6 1 6		2

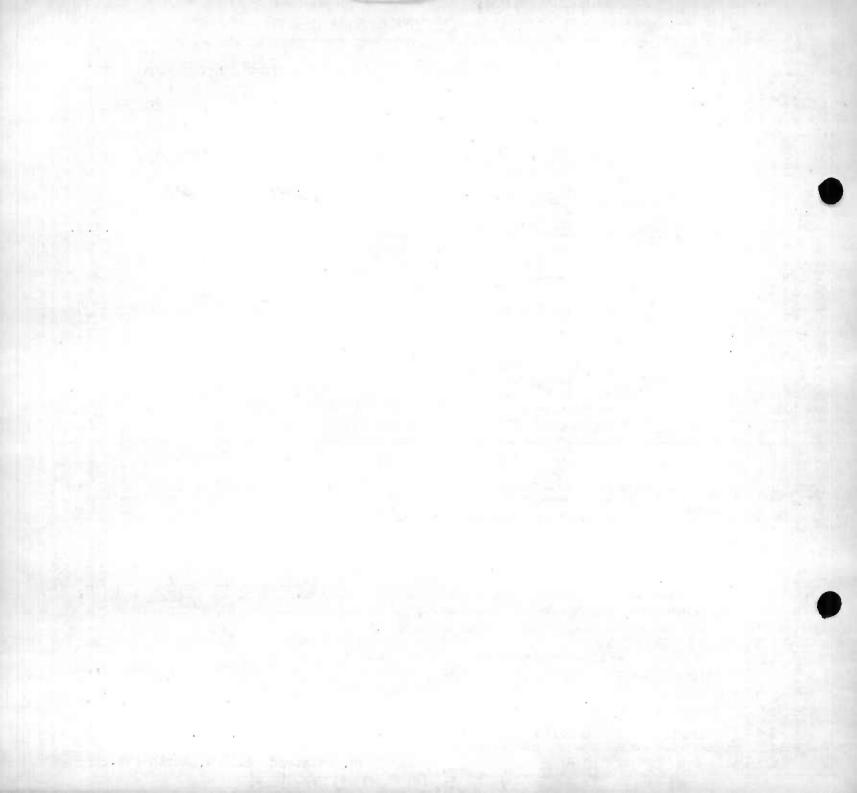
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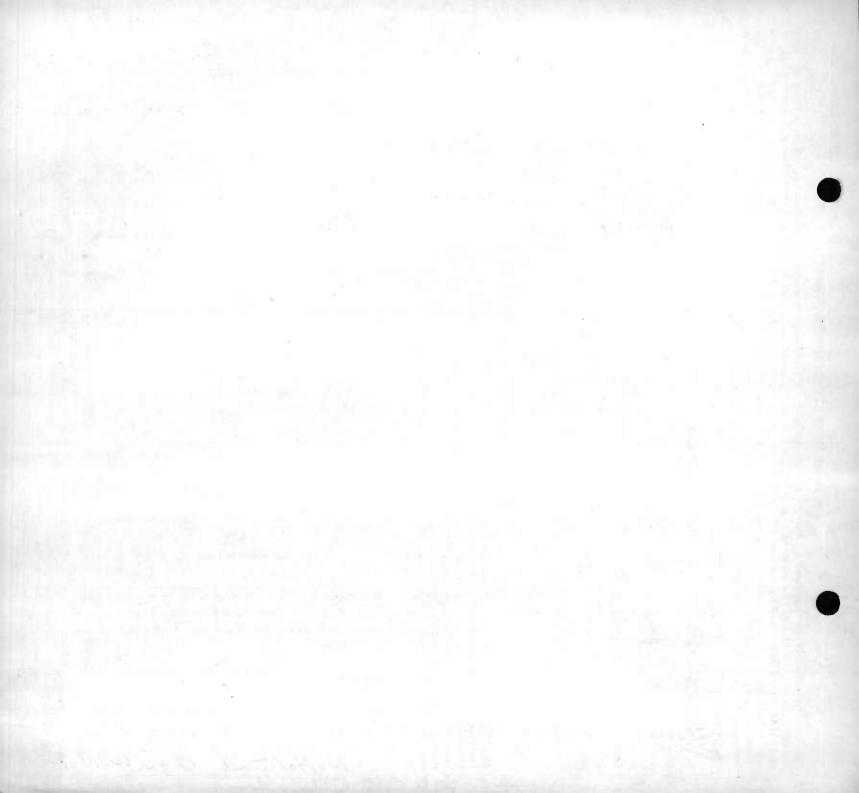
BIRTH NO.	CERTIFI			- 0405
M.E. CASE NO. 1, NAME OF DECEASED	CERTIT	CATE OF DEAT	TE AND HOUR OF DEAT	65 6100
(Type or Print) LOTTERER	150 1			404
3. PLACE OF DEATH IN BALTIMORE A			6-5-65	institution: residence before odmi
or trade of brain in pranimora, it		A. STATE B.	COUNTY	institution; residence before dama:
FULL NAME OF (If not in hospit	ol or institution, give sheet	MARYLANI		Balls
HOSPITAL OR oddiess or loco		C. CITY OR TOWN	(If outside city limits, write	e RURAL and give township)
ST. AGNES		BALTIMOR		5370
BALTIMORE,	MARYLAND 21229	D. STREET ADDRESS	(If rural, give location)	
	•		BUTUS AVENUE	
5. SEX 6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specific	8. DATE OF BIRTH	9. AGE (In years lost birthday)	Months: Doys Hours M
MALE WHITE	MARRIED	3-12-91	74	
10A, USUAL OCCUPATION (Give kind of w	ork 108, KIND OF BUSINESS OR INDL	STRY 11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired	RETIRED	MADVIAND		
13. FATHERS NAME	KETTKEU	MARYLAND	I NA AA E	U.S.
		The state of the s		
HERMANN LOTTERER		MARIA	(DEC D)	
15. Was Deceased Ever in U. S. Armed (Yes, no or unknown) (If yes, give was as d	forces? 1 6. SOCIAL	17. INFORMANT		ADDRESS
UNKNOWN	11/37-3	30ST. AGNES H	INCDITAL DEC	CORDS BALTO.29
18. // 0 0 /	CAU	SE OF DEATH	IUSPITAL NEC	INTERVAL BETWEEN
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LEADING TO DEAT			1.00 + 11	0
(This does not mean the mode		sures were	veces ja	Mens
heart foilure, osthenia, etc. Il meo injury or complication which caus	ns the disease,		+	5
ANTECEDENT CAUS		a carel		
	DUE TO)		
rise to the obove cause (A				
UNDERLYING CONDITION last,		***************************************	000000 vana 400 na mana mana mana 000 000000000000000	
11				
O OTHER SIGNIFICANT CONDITIONS				1
OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RE DISEASE OR CONDITION CAUSING	LATED TO THE Chique	e branchi	tis 6 em	physeuce
O OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RE DISEASE OR CONDITION CAUSING	LATED TO THE COLOR	20A. AUTOPSY? (Yes		ENFINDINGS CONSIDERED
OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REDISEASE OR CONDITION CAUSING	LATED TO THE	NO	IN CERTIFYING C	ENFINDINGS CONSIDERED CAUSES OF DEATH?
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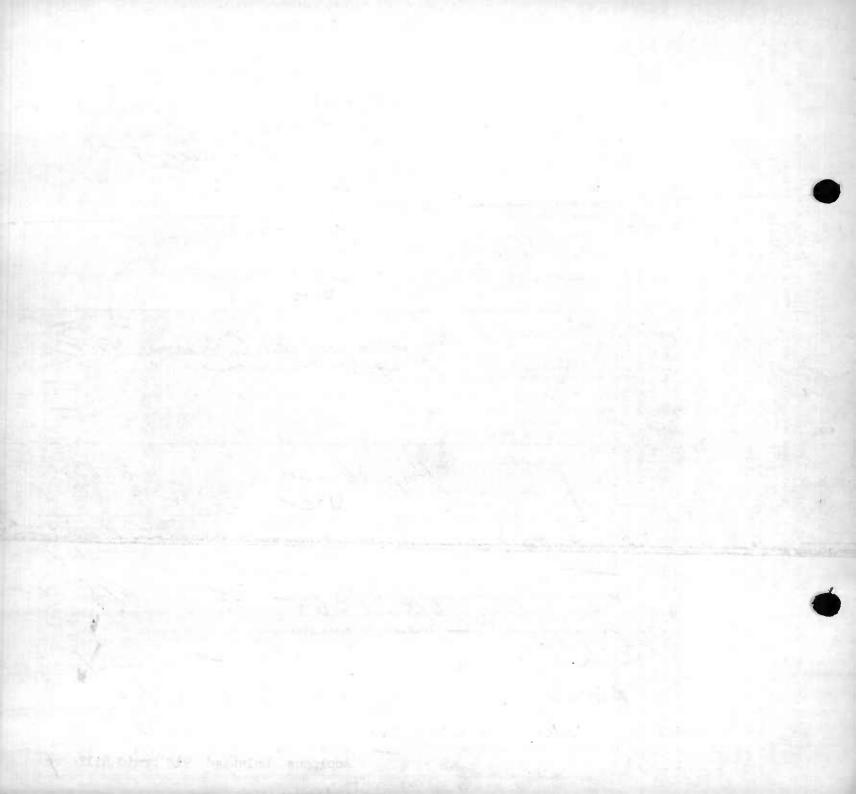
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death death seased on the Such	BIRTH NO. M.E. CASE NO. 1. NAME OF DECEASED	ATE OF DEATH Registered No.	5 6107
- p 9 c	(Type or Print) PRISCILLA HENDERSO	N 6/10/65	1 4 A.
hospital ise of d (5) Dece ance on death.	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If insti	lution: residence before odmis
2000	FULL NAME OF (If not in hospital or institution, give street hospital or institution, give street address or location)	C. CITY OR TOWN (If outside city limits, write RU	RAL and give township)
ting cd causer attended to att	6 LUTHERAN HOSP,	D. STREET ADDRESS (If rural, give location) 8 Jones Ave	3300
- 20 D	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. If Under 24 Aonths Doys Hours M
contrik determin in regul eceased	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRI done during most of working life, even if retired)		12. CITIZEN OF WHAT COUNTRY?
ded Uncurrent as des	Fousewife 13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	U.SA.
Fee 4 × + + + + + + + + + + + + + + + + + +	?	14. MOTHERS MAIDEN HAME	?
ssistant the dir kind; death nce on final di	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT CharT	ADDRESS
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exan (3) A wh wh are	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoting the UNDERLYING CONDITION last.)1)CA)E	
ief medical i medical e dy burns; (3 e physician ician was i	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
chief Body the ysici	198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes of No) 20B. IF YES, WERE FIN IN CERTIFYING CAUS	DINGS CONSIDERED ES OF DEATH?
by the pital by re; (2) where No ph	U 21A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g.,	in or obout 21C. WHERE DID (If in Boltimore Colfice bldg., INJURY OCCUR?	ity, give exact location)
atura atura (6) I	21 D. TIME (Month) (Doy) (Yeor) (Hour) 21 E. INJURY OCCURRED While At Not WI Work At Work		
to the of any al (exch); an be obt	22. I certify that (I) (this hospital) attended the deceased from that (I) (we) last saw the deceased alive on (I) (We) (III) (III)	19.65 and that in(my) (our) opinion	o/10 19 G
must be a released to recident of a hospital r to death)	DOG BUYELELAND	ttending Med. Stoff Phys. 2	6/10/65
was was A. at prior	23C. PHYSICIAN'S NAME (Type) OSCAR FERNANDINI M.E.		
T > 0 0 0	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or C REMOVAL (Specify) 6-13-65 Western St		town, or county) (Ste
This certification of the body shows: (1) was D.O. deceased written a	25A, DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS





IMPORTANT

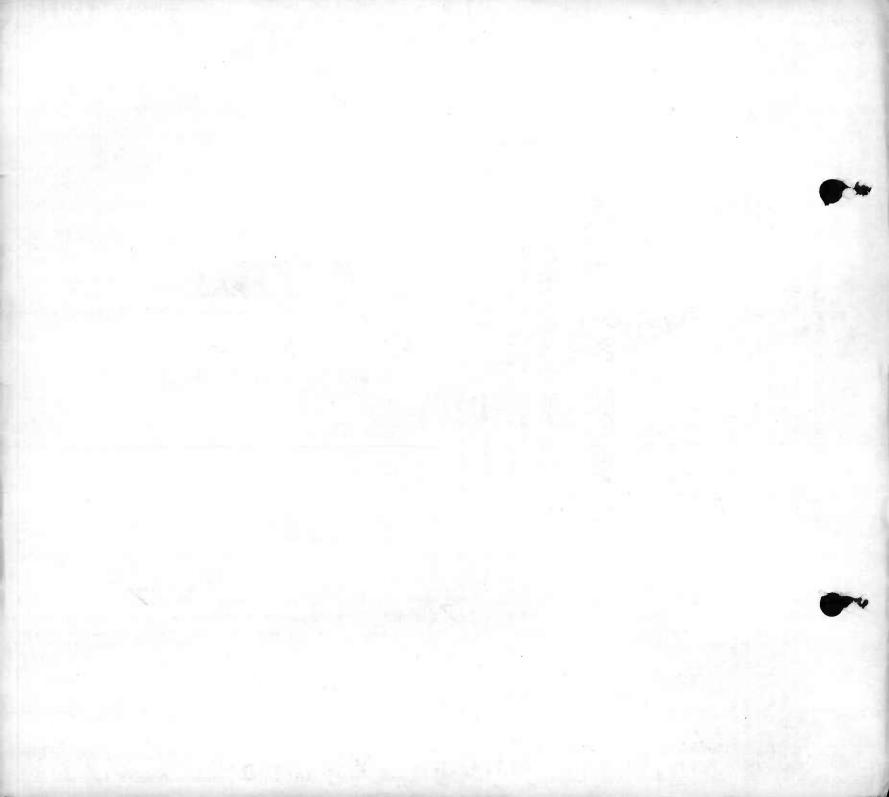
DIRECTOR:

FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT

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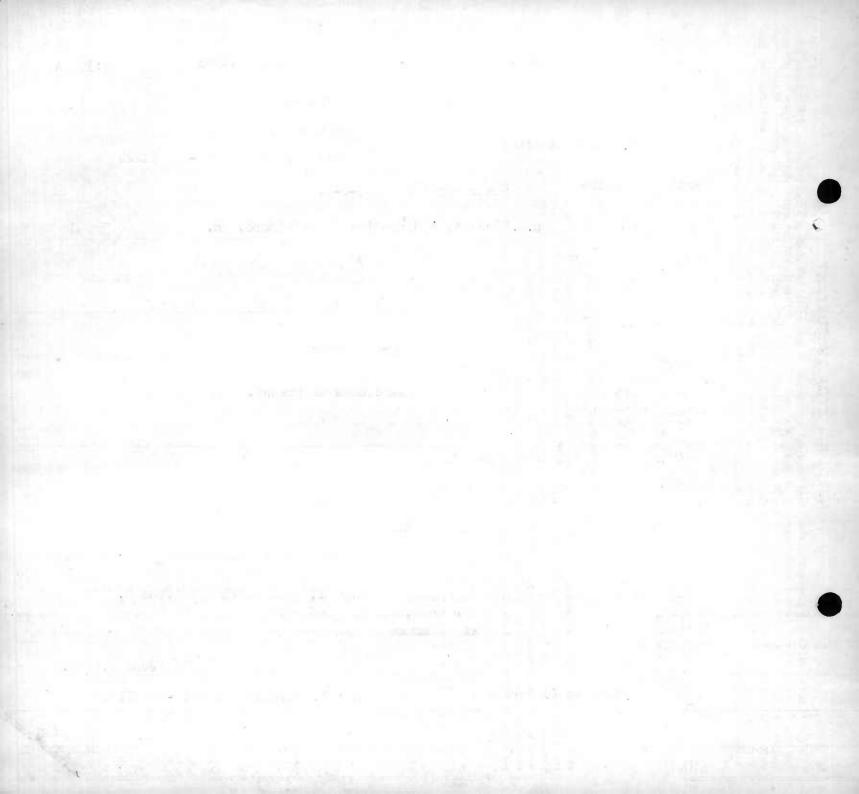
- 7	112	BALTIMORE CITY HEALTH DEPARTMENT 65 6110
0	7005	BIRTH NO. 65 6110 CERTIFICATE OF DEATH Registered No.
	and eatl ase th th Suc	M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH
	- A C	(Type or Print) Edelen, Mr Fard 6/7/65 / MM.
	of of Dec	3. PLACE OF DEATH IN BALTIMORE, MARTLAND 4. USUAL RESIDENCE Where deceosed lived, If institution: residence before odmyssion) A. STATE B. COUNTY
	V 0	FULL NAME OF (If not in hospital or institution, give street)
	2 0	HOSPITAL OR oddress or location) INSTITUTION C. CITY OR TOWN (If outside say limits, write RURAL and give township)
	ca ca	7 Miss II a Baltimore
	i att	D. STREET ADDRESS (II rural give locoton)
	outing ed ca ar at prior	too tenning live.
		5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yeors If Under 1 Yr. If Under 24 Hrs. Months; Doys Hours; Min.
	contrible to the contribution of the contribut	Swel. 5/1/86 7/
/-	h co	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR THOUSTRY 11. BIRTHPUACE IStole or foreign country) done during report of working life, even if retired)
	de de tio	self.
	direct or c direct or c ; (4) Undet th was in the dec disposition	13. FATHER'S MAIDEN NAME
jeu -	# 5 4 y + ds	Wim J. Edelen. Jane E. Fenurick
Z	= ~ 2 - 0	
Z Z	the the dea dea nce final	15, Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO. 212-07-3783 Mary Edna Edilar 4201 Fundament
IMPORT	34 500	18. CAUSE OF DEATH C. INTERVAL BETWEEN
9	is a any any acceptant	DISEASE OR CONDITION DIRECTLY ONSET AND DEATH
3	Also Also e of noun atte	LEADING TO DEATH (A) Kotroulon Cell of Return
	. Alsono	(This does not meon the mode of dying, e.g., heart foilure, osthenia, etc. It means the disease,
8	9 5 5 5 6	injury ar camplication which caused death.)
CTOR	F - + 0 D 0	ANTECEDENT CAUSES (B) DUE TO
Ö	xan xan y A wh wh	DISEASES OR CONDITIONS, if ony, giving
DIRE		rise In the obave cause (A) stating the (C) UNDERLYING CONDITION lost,
<u> </u>	medical eedical burns; (3 hysician in was ii	
AL	medica edica burns hysici n was	Z OTUCE CICNUTES AND TONIONE CONTRIBUTING
		TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
FUNER		19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 20 A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21 A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID (If in Bultimore City, give exact location)
5		U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID ((If in Baltimore City, give exact locotion)
14.		21 A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Baltimore City, give exact locotion) OR CONTRIBUTING CAUSE OF home, form, foctory street, office bldg., INJURY OCCUR?
		DEATH (Honry mealed Forming)
	hosp natur ept w d (6)	21D. TIME Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
	h d d	(APPROX.) Work AT Work
J-100	prov the I ny n exce and	22. I certify that (1) (this hospital) attended the deceased from
	40 to 10 to	that (1) (we) last sow the deceased alive on 0 / 19 fond that in (my) (our) opinion death occurred on the date
	0 0 7 7	and hour and from the couses stated above. (1) (We (did) (dld not) view he body after death.
		23A. SIGNATURE 23B. DATE SIGNED
	- 9	//m 6 Church M.D. Attending Med. Director Stoff Phys.
		280. WHYSICIAN'S NAME (Type) / F 23D. ADDRES
	This certificate make body was relations: (1) An accives D.O.A. at a deceased prior to written approval	ME. SCHWARTZ M.D. Mercy How / Hells
	d A d	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. ADCATION (City, town, or county) (Stote)
	F-20 0 0 C	But I But
	the bod shows: (was D.C decease	OCA CAPP APPENDIX DA MARIA DE
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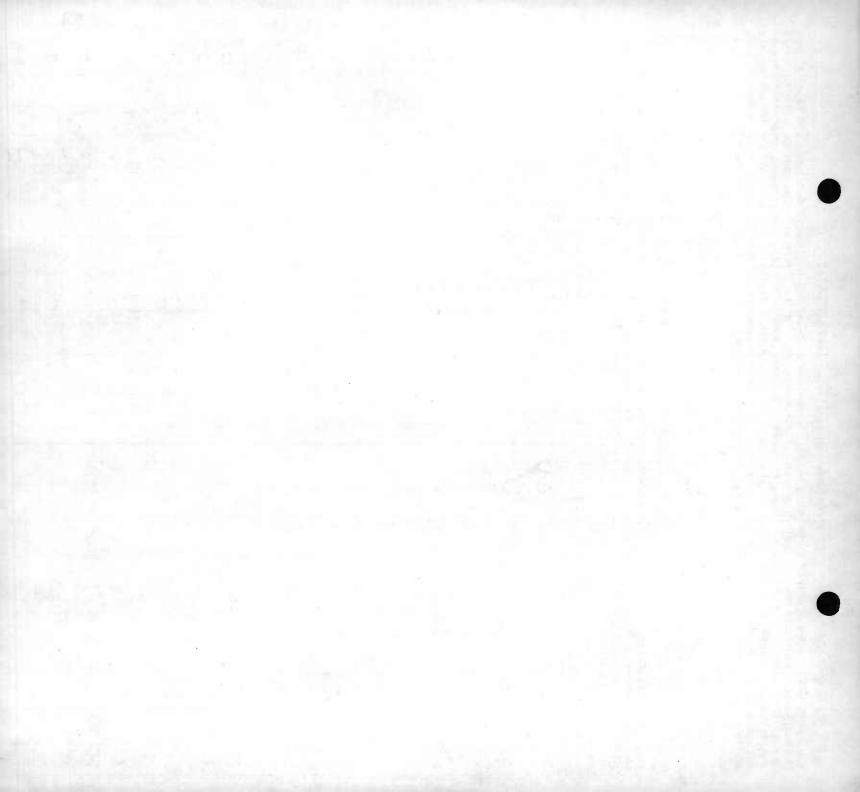


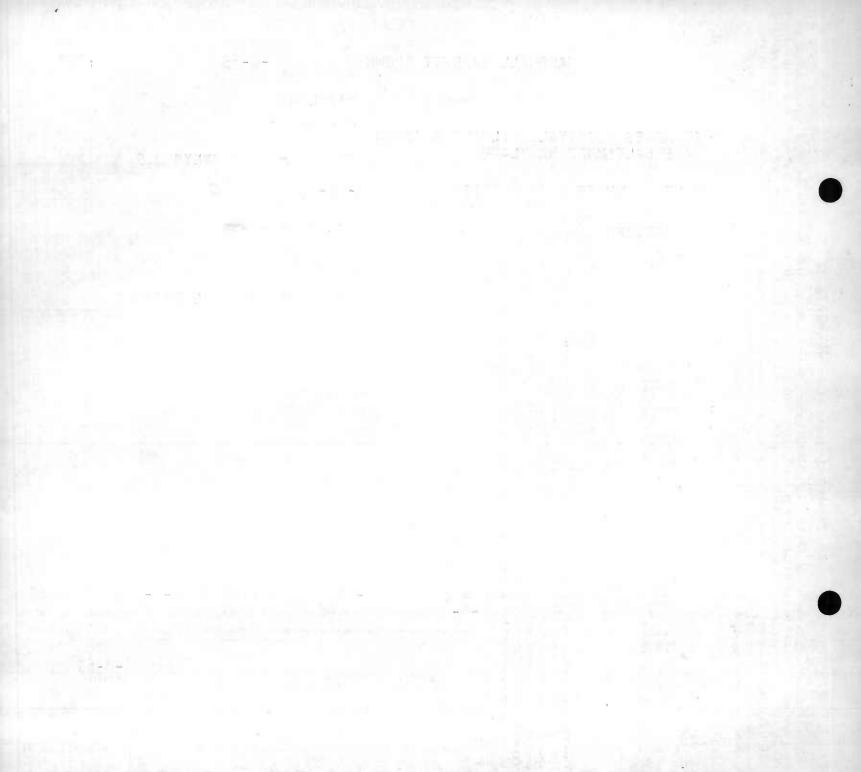
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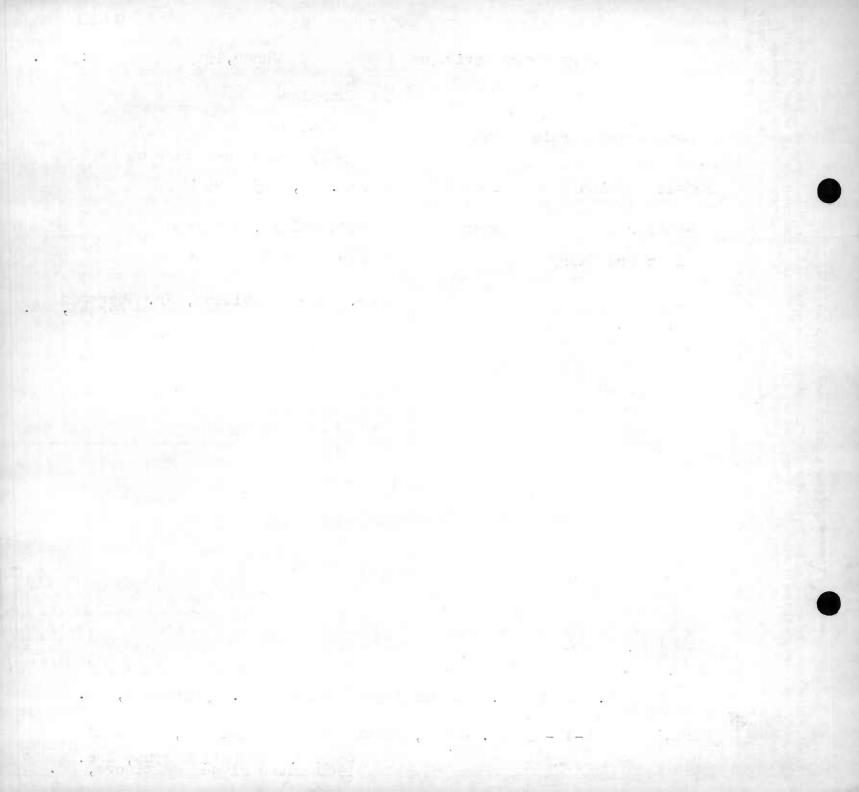
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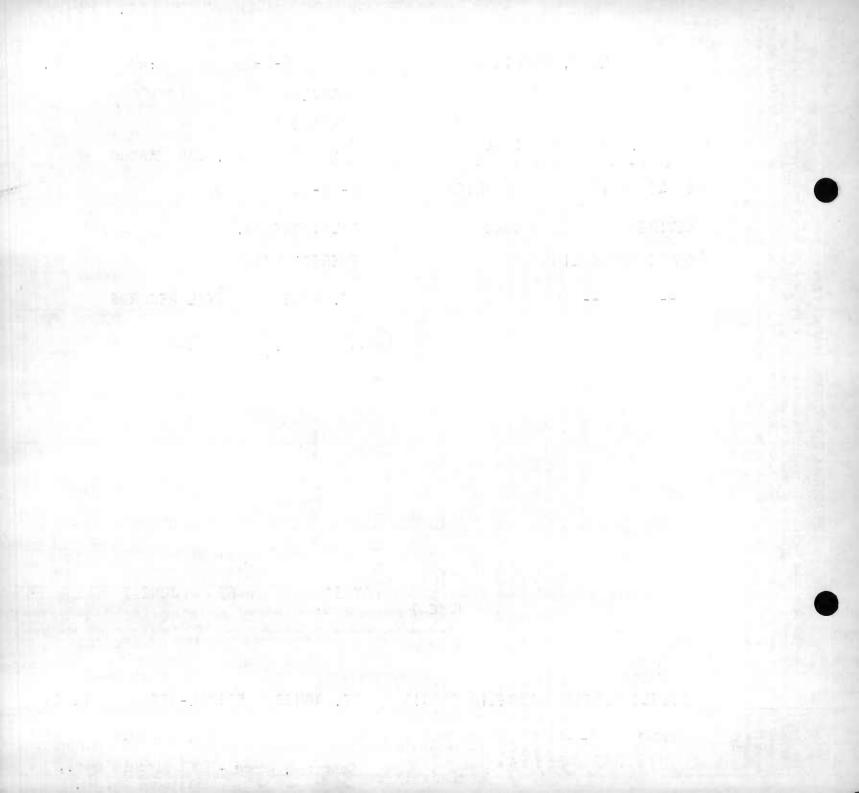
BALTIMORE CITY HEALTH DEPARTMENT





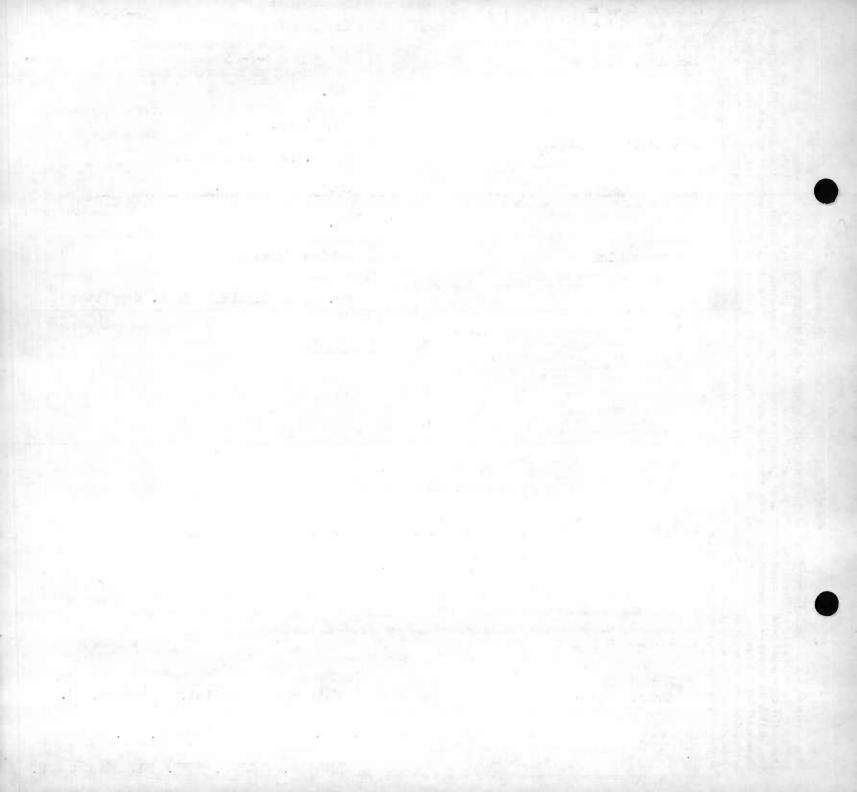




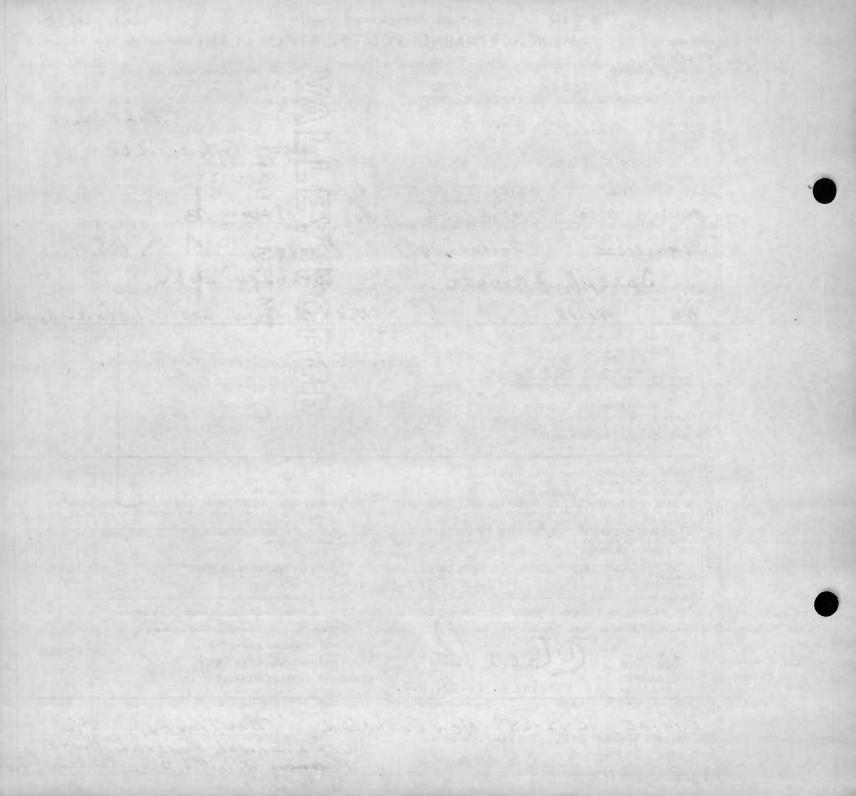


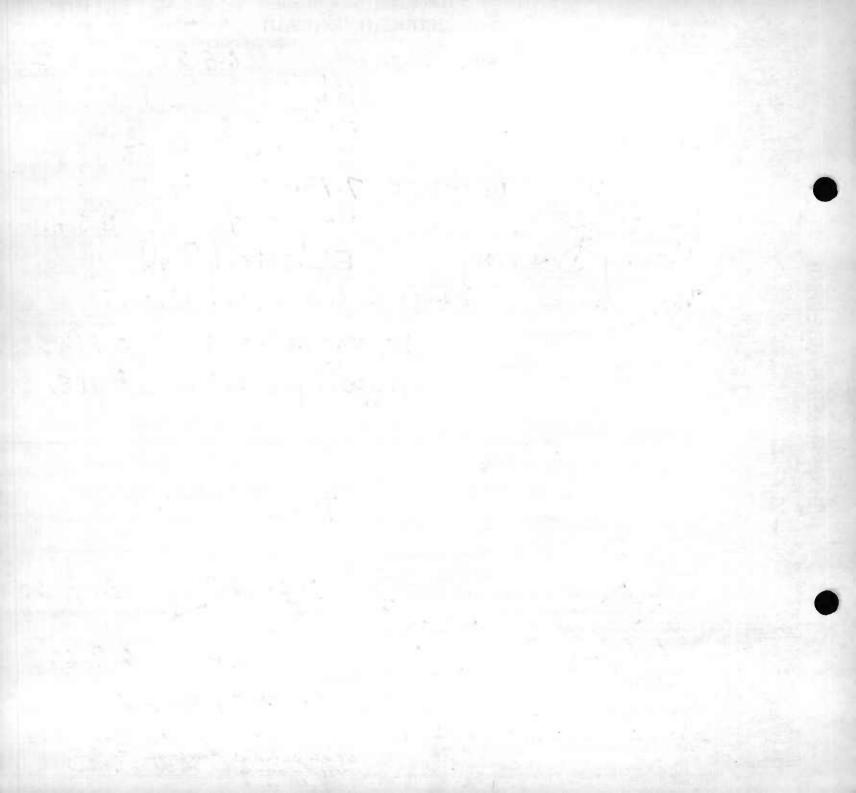
FUNERAL DIRECTOR:

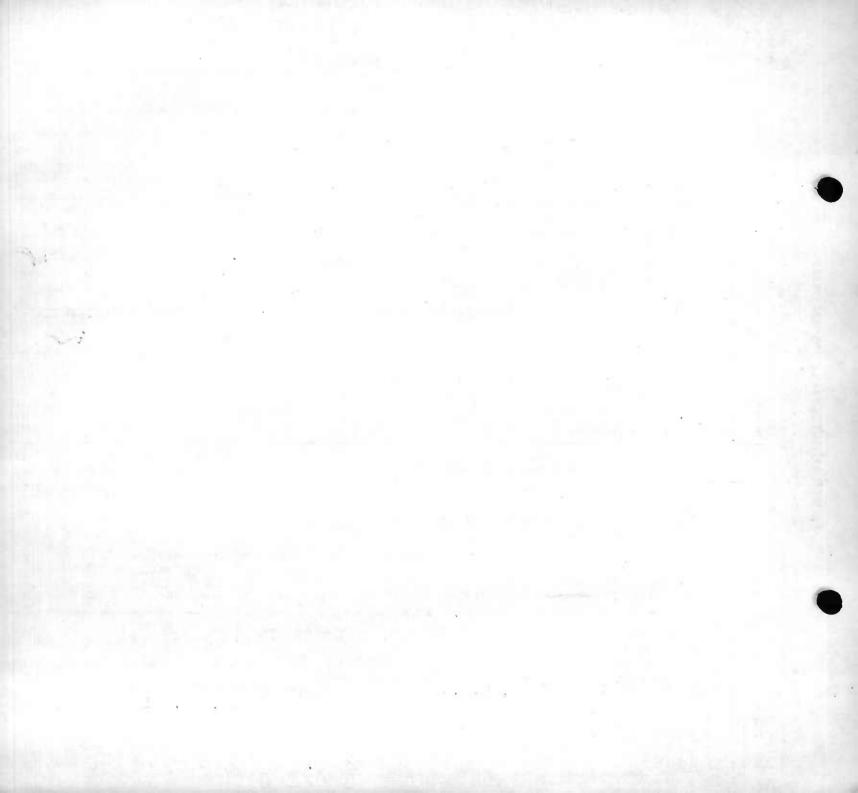
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	11214 00	011/	CERTIFICA	TE OF DE	ATH	Registered Na.	0.)	6117
N.E. CASE NO.					2. DATE AL	NO HOUR OF DEATH	00	OTT
Helmick	, Baby Boy				5-	8-65		ll a.
PLACE OF DEA	ATH IN BALTIMORE, MA	RYLAND		4. USUAL RESID	ENCE (Whe	re deceased lived. If i	nstitution; residence	
FULL NAME O	F (If not in hospital oddress or location		give street	A. STATE Md.	B. COUR		18-0) 2
INSTITUTION				Balti	more	tside city limits, write	RURAL ond give t	ownship)
Univers	sity Hospital			D. STREET ADDI		eton Street		
SEX	6. RACE	7. MARRIED,	NEVER MARRIED	B. DATE OF BIRT		9. AGE (In veors	If Under 1 Yr.	If Under 24 Hrs
W	Tilled + a	WIDOWE	D, DIVORCED (specify)	5-7-65		lost birthdoy)	Months Doys	Hours Min.
M DA USUAL OCCI	White	10B. KIND OI	BUSINESS OR INDUSTRY		State or fore		12. CITIZEN OF	
	working life, even if retired)			Md.	31010 01 1010	igh coomly?	WHAT COL	UNTRY?
3. FATHER'S NAM	ME			14. MOTHER'S N				
Gary H	lelmick			Louise	Holeh	an		
	Ever in U. S. Armed For		1 6. SOCIAL SECURITY NO.	17. INFORMANT			ADDR	ESS
				Mr. Ge	rry He	lmick 32	S. Popplet	ton
18.77/	1		CAUSE O	F DEATH				AL BETWEEN AND DEATH
DISEAS	SE OR CONDITION DI	RECTLY					ONSET	AND DEATH
(7)	LEADING TO DEATH		(A)	Immaturit	У			
heort foilure.	at meon the mode of osthenio, etc. It meons	the diseose,	DUE TO					
	ry or complication which caused death.)							
7	ANTECEDENT CAUSES (B)				***************************************	************************		.00=0=4=000=======
	OR CONDITIONS, if							
	rise to the obove cause (A) stating the (C)							
TO THE D	DITHER SIGNIFICANT CONDITIONS CONTRIBUTING O THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
	OPERATION 198. CON	DITION FOR	WHICH OPERATION	20A. AUTOPSY	? (Yes or No	208. IF YES, WERE	FINDINGS CONSI	DERED
19A. DATE OF	WAS PERI	FORMED				IN CERTIFYING CA	USES OF DEATH?	
OR CONTRIBUTED DEATH (notify	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)				TERE DID	(If in Boltimor	re City, give exoct	locotion)
21 D. TIME	(Month) (Doy) (Year)	(Hour) 21E	INJURY OCCURRED	21F. HO	W DID IN	URY OCCUR?		
OF INJURY		Wh	ile At Not Whil					
		Wo	rk					
22. I certify	that (I) (this hospital) attended t	he deceased fram	5 - 7		19 65 ta S	8	19 65
that (I) (we)	last saw the decease	d alive an	3/8	19 65	and th	atin(my) (aur) ap	inian death occi	urred an the da
and haur and	fram the causes stat	ted abave. (I) (We) (did) (did not) v	iew the bady af				
and have and from the causes stated abave. (I) (We) (did) (did not) view the bady after death. 238. DATE SIGNED						ED		
6	have Il		M.D. Atte	ending M	ed.	Stoff Phys.	5-8-6	55
23C. PHYSICIA	NS IMM	yas	Phy	s. Di	rector	Phys.	, ,	
NAME/(T	ype) /	d	M.D.		nei tu	Hospital, H	Ral timore	Md.
4A. BURIAL CREA	MATION, 248. DATE	24C N	AME of CEMETERY OF CRE				ity, town, or county	
REMOVAL (Specify)				_			(31016)
Burial			len Haven M			len Burni		
5A. DATE REC'D	1965 A D B	25B. NAME	OF REGISTRAR	25C. FUNERAL				DRESS
JUN TT	1000 Ulabell	, 400	1500	JOHN	F DI	ENNY, INC.	715 Lig	ght St.
S 150-REV. 1/1/6	65			0 0	-	and a		

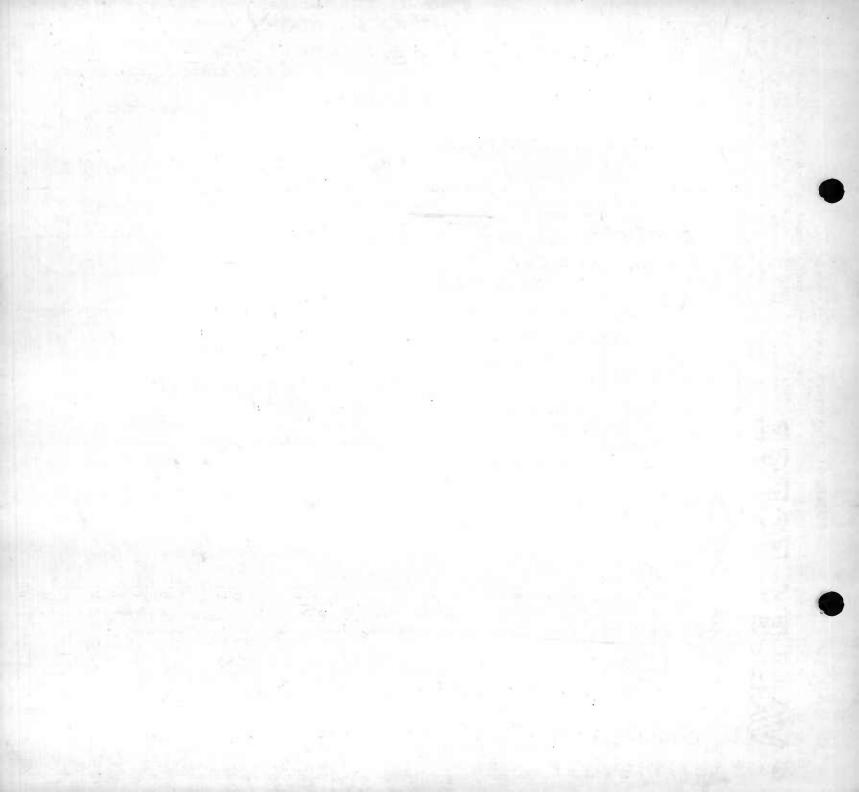


V\$ 151-REV. 1/1/65









24C. FUNERAL DIRECTOR

ADDRESS

Howard H. Hubbard-4107 Wilkens Ave-21229

Burial

VS 151-REV. 1/1/65

24A, DATE REC'D BY HEALTH DEPT.

6-12-65

248 NAME OF REGISTRAR

Carrie S. Smilerett . Rolls IV. Solltons V. test, bet mindlerder za tot , a salet, see Trisligan content notice was inducted noval to be a real trail

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

If Under 24 Hrs.

Hours



24C. FUNERAL DIRECTOR

ADDRESS

Howard H. Hubbard-4107 Wilkens Ave-21229

24A. DATE REC'D BY HEALTH DEPT.

VS 151-REV, 1/1/65

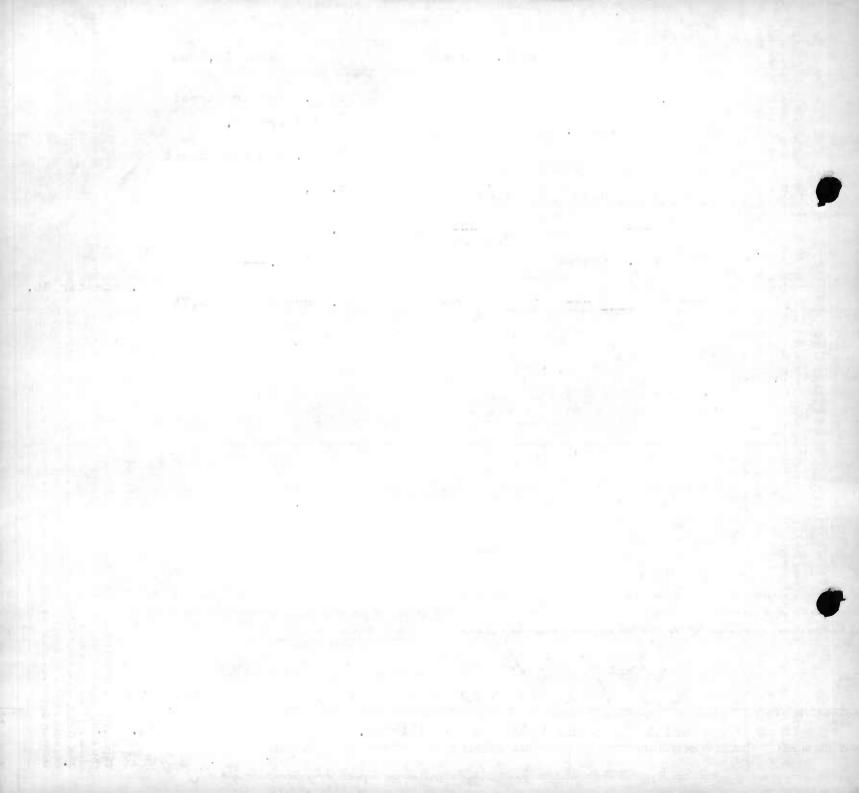
24B NAME OF REGISTRAR

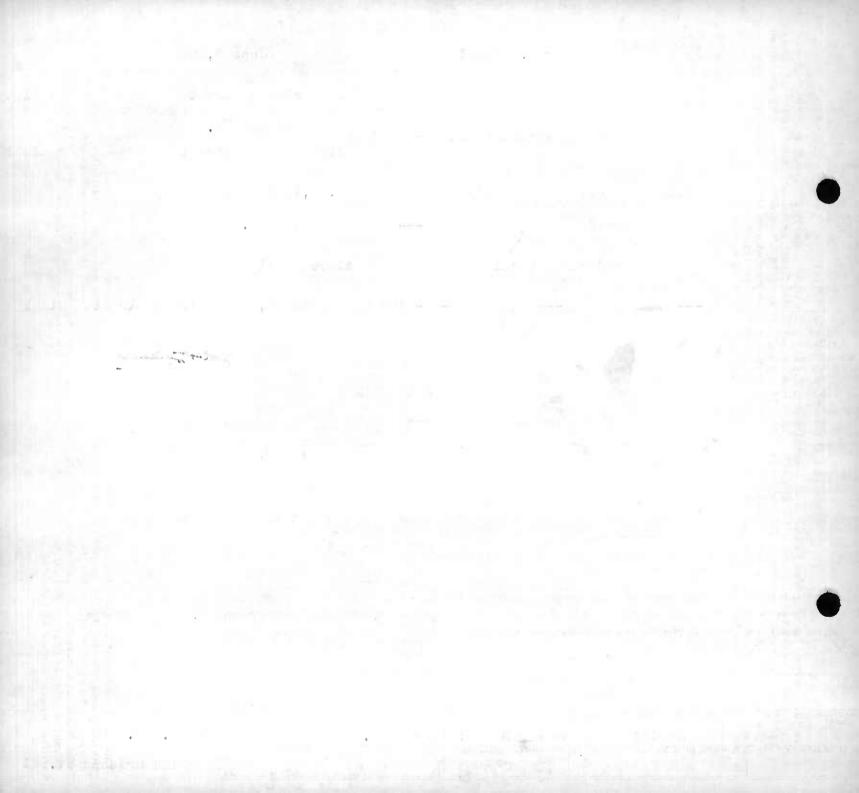
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BALTIMORE	CITY	HEALTH	DEPA	RTMENT

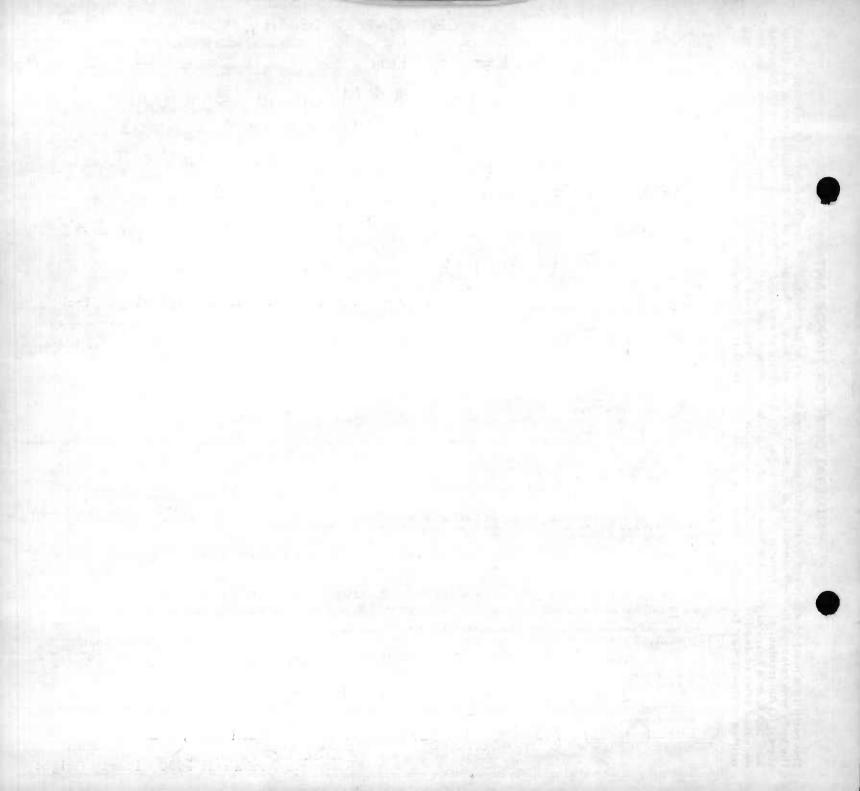
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	BALTIMORE CITY HEALTH DEPARTMENT BIRTH NO. 65 6125 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered NO. 5 6125							
	E. CASE NO.	MEDI	ICAL EXAMINER'S C	EKTIFICATE OF DEATH Regi	stered No.			
1.	NAME OF DEC	CEASED	M.	2. DATE AND HOUR PRONOU	NCED DEAD			
Cly	rpe ar Print)	FRED	ERICK SCHUBERT	6-7-65	3:30 P.M.			
3.	PLACE IN BALT	TIMORE, MARYLAND, W	HERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If	institution: residence before admission)			
HC	LL NAME OF	(IF NOT IN HOSPITA	AL OR INSTITUTION, GIVE STREET	A. STATE B. COUNTY Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)				
IIN	STITUTION			Baltimore	101			
1	312	26 O'DONNELL	STREET	D. STREET ADDRESS (If rurol, give location)				
				3126 O'Donnell Street				
5.	SEX	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify)	B. DATE OF BIRTH 9. AGE (In year last birthday)	rs If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.			
	MALE	WHITE	MARRIED	Oct. 10, 1910 53				
		UPATION (Give kind of work working lile, even if retired)	108. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?			
A		ed seeman	Tug boats	Baltimore, Maryland	U. S. A.			
	Char	les Schubert		Alberta Burke				
15. (Ye	WAS DECEASE	D EVER IN U.S. ARMED	FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS			
	No		- 212-10-1639	Mrs. Lillian Schubert - 3	126 O'Donnell St.			
	1B.	0.01	CAUS	E OF DEATH	INTERVAL BETWEEN ONSET AND DEATH			
	DISEA	SE OR CONDITION DI	RECTLY		ONSET AND BEATIN			
	(This does o	LEADING TO DEATH	dving eq (A) Art	eriosclerotic heart diseas	e			
	heart failure,	osthenia, etc. It means	the disease,					
		OR CONDITIONS, IF A	(R)	•••••	***************************************			
	RISE TO TH	E ABOVE CAUSE (A) ST	TATING THE					
z	1	10 CONDITION LASI.	(C)		^^^^			
II 은		11	Labery States and Con-					
ERTIFICATION	OTHER SIGN TO THE DISEASE O	NIFICANT CONDITIONS DEATH BUT NOT REI R CONDITION CAUSING	ATED TO THE					
CER	19A. DATE OF	OPERATION 198. CON WAS PER	DITION FOR WHICH OPERATION FORMED	Yes Yes or No. 208. IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH? Yes			
EDICAL	✓ 21A. EXTERNAL CAUSE WAS							
ME	21D TIME	(Manth) (Day) (Yan	(Hand 12) E INITIES OCCUPAND	215 HOW NO INITIAL OCCUPS				
	21D TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED 21F, HOW DID INJURY OCCUR? (APPROX.) WHILE AT NOT WHILE AT WORK							
	22.	tify that I held an I	ngulry Inspection Au	tapsy X and that an this basis, death i	n my aplalan			
	ACTUAL CHIEF MEDICAL EXAMINER DATE SIGNED							
	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER							
EXAMINER'S NAME (Type) PETER W. RIECKERT, M.D. ASSOCIATE MEDICAL EXAMINER (5 6-7-65)								
23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY or 23D. LOCATION (City, town, or county) (State)								
KE	Burial	6/11/6	ct ctaniala	Dolling M	amrl and			
24		BY HEALTH DEPT.	St. Stanisla	Baltimere, M	ADDRESS			
	111N 1 1 1965 @ O & C Star Character							
		10000		George A. Weber - 705	S. Ann St. #21231			
VS	151-REV. 1/1/	00	1 6 6 1 1	non d non				



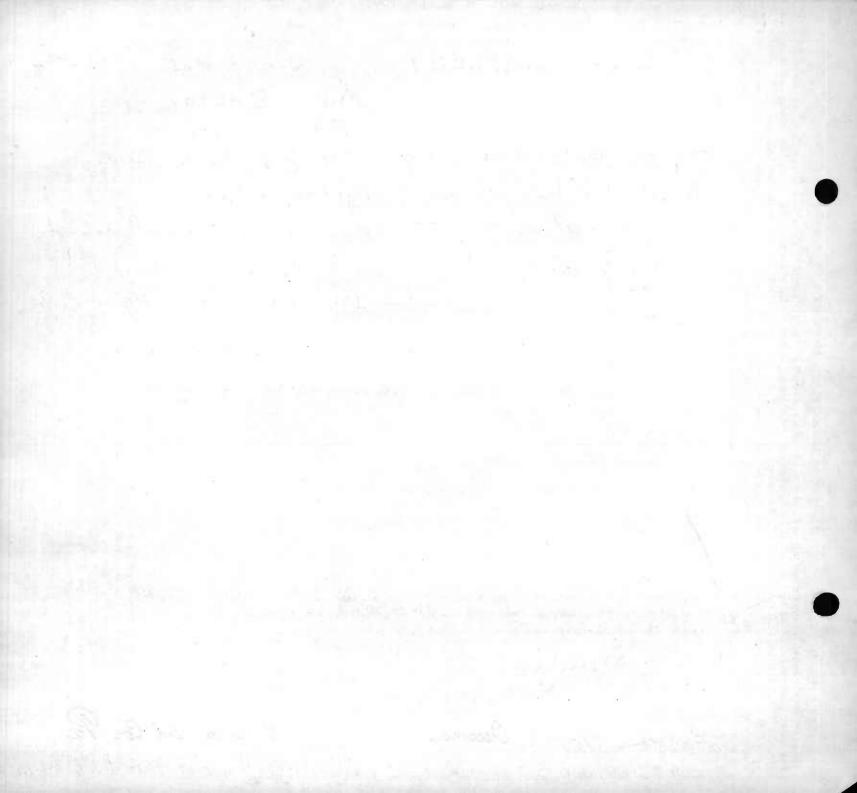


10	65 6128 BALTIMORE CITY HEALTH DEPARTMENT 65 6128
BI BI	CERTIFICATE OF DEATH Registered No. 100 0120
1. (T	LE CASE NO. NAME OF DECEASED 2. DATE AND HOUR OF DEATH
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND TO JUNE 1965 5:05 AM. PLACE OF DEATH IN BALTIMORE, MARYLAND 14. USUAL RESIDENCE (Where deceased lived. It institution: residence before admission)
	A. STATE B. COUNTY
	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR addless or location)
	INSTITUTION (If outside city limits, write RURAL and give township)
1	DALTIMORE 21228
7	Bon Secours Hospital D. STREET ADDRESS (If rurol, give location)
	6324 Woodbridge Circle
Š.	SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In yeo's If Under 1 Yr. If Under 24 Hrs. WIDOWED, DIVORCED (specify) Months; Doys Hours; Min.
	FEMALE White Married 11-19-10 54
	A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
ac	Clask Country and
13	Clerk BA/Eg Maryland 2.5 A. 14. MOTHER'S MAIDEN NAME
ľ	
	George F. Mayers Alverta Uhler
15 (Y	was Deceased Ever in U. S. Armed Forces? (6. SOCIAL 17. INFORMANT ADDRESS es, no or unknown) (If yes, give wor or dates of service) SECURITY NO.
	No 217-26-24% Kenneth Rhoten 6524 Woodbridge Circle
_	18. A CAUSE OF DEATH INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY
	LEADING TO DEATH Agrent Route Myacardial Infant V days
	(This does not mean the mode of dying, e.g., DUE TO LEADING TO DEATH (A) Alcent acute Myacarchaf. Infarct V days DUE TO
	Heart follows, astronto, etc. It theories the disease,
	injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, it only, giving rise to the above couse (A) stating the (C) Pulmonary Embli
	DISEASES OR CONDITIONS, it ony, giving Time to the characters (A) string the
	DISEASES OR CONDITIONS, it only giving rise to the obove couse (A) stating the (C) Pulmonary Emble
	UNDERLYING CONDITION lost.
3	CONTRACTOR CONTRACTOR
OIT V	DISEASE OR CONDITION CAUSING IT.
Clat	194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 198. CONDITION FOR WHICH OPERATION 204. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 218. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID (If in Boltimere City, give exact location)
1	que yes
	On CONTRIBUTION OF THE PROPERTY OF THE PROPERT
Y	OK CONTRIBUTING CAUSE OF home, farm, foctory, street, office bldg., INJURY OCCUR?
AAR	OF INJURY While At Not While
	WORK AT WORK
	22. I certify that (1) (this haspital) attended the deceased from May 6 19 65 to the 10 19 65,
	that (i) (we) lost sow the deceased alive an
	and hour and from the couses stated above. (1) (We) (did) (did not) view the body ofter death.
	23A. SIGNATURE 23B. DATE SIGNED
	Jane V. de Lion, Jr. M.D. Attending Med. Stoff Med. Stoff Med. Director Phys. M. 6-10-65
1	NAME (Type)
_	JUSE V. DE LEON, JR. M.D. Bon Secours HOSPITAL
2	4A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote)
2	Burial 6/14/65 Loudon Park Cemetery Baltimore, Maryland 5A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. PUNERAL DIRECTOR ADDRESS ADDRESS
	Will 1 1 10CE A a C T A W



L V

BIRTH NO.		65 613	1/1	IFICATE O		Registered No.	65 6130
1. NAME OF (Type or Prin	F DECEASED	IMORE, MARYLAND	PLEB	4. USUA		9-1965 e deceosed lived. If	1235 A
FULL NA HOSPITAL INSTITUTI	L OR oddres	in hospital or instit ss or location)	ution, give street	c. city	R TOWN (If out	ALto,	RURAL ond give township)
Hosp	ital fo	r the Wo	imen of Mar	uyland 3 L	ALTIN ADDRESS (III	nave rurol, give location)	Ave.
5. SEX	A/e 6. RACE	nite 7. MA	RRIED, NEVER MARRI DOWED, DIVORCED (S Widowa ND OF BUSINESS OR	B. DATE C	PLACE (Stote or forei	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
	most of working lite, ev		OF BUSINESS OK	ALL	entown	PA.	12. CITIZEN OF WHAT COUNTRY?
wm.	Honry ceased Ever in U. S nknown) (If yes) give	ASH Armed Forces? wor or dotes of se	1 6. SOCIAL SECURITY I	17-LNFOR	Tary .	Jane 5	pang
18. Q	DISEASE OR CON	DITION DIRECTLY		AUSE OF DEATH	ughter	J 1. 39	Interval BETWEEN ONSET AND DEATH
DISEAS	Joes not mean the interpolation of the complication when the complete	c. II meons the distinct caused death.) IT CAUSES IONS, if ony, souse (A) stoling IN last. ADITIONS CONTRIE	giving (C)	Secondare	Pulmon	org Infect	un.
	TE OF OPERATION		FOR WHICH OPERAT	ON 20 A. A	UTOPSY? (Yes or No)	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
OR CON	CIDENT WAS UNI NTRIBUTING CAI (notify medical example)	USE OF	21B. PLACE OF INJ home, form, foctory, etc.)	URY (e.g., in or obout a street, office bldg., I	NJURY OCCUR?	(If in Boltimor	e City, give exoct locotion)
OF INJU	URY	Doy) (Year) (Hour	While At Work	RRED Not While At Work	TE HOW DID INJU		p t
that (I)	(we) lost sow th	ne deceased alive	ded the deceased for an arrange on the deceased for a second seco	UE 31419		of in (my) (our) op	UNE 19 01
23A. SIG	NATURE A	ailan		M.D. Attending Phys.	Med. Director	Stoff Phys.	June 9 th, 69
24A. BURIAL	YSIGIAM'S IME Type) C CREMATION, 24	SUNT	AT H. D	M.D. 23D. ADDR		OCATION (C	ity town or soundle
BUR	VAL (Specify)	12/65 DEPT 258. N	Cressona			esona Sa	ADDRESS
		2001 (4)		1 . X. V	THE CAPE	1	11000000

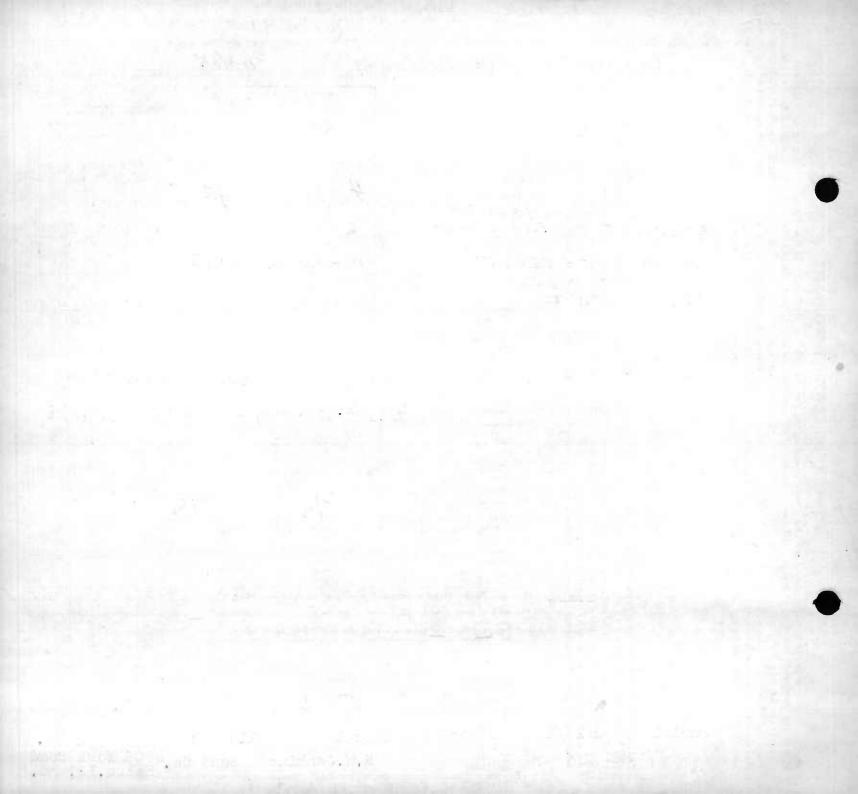


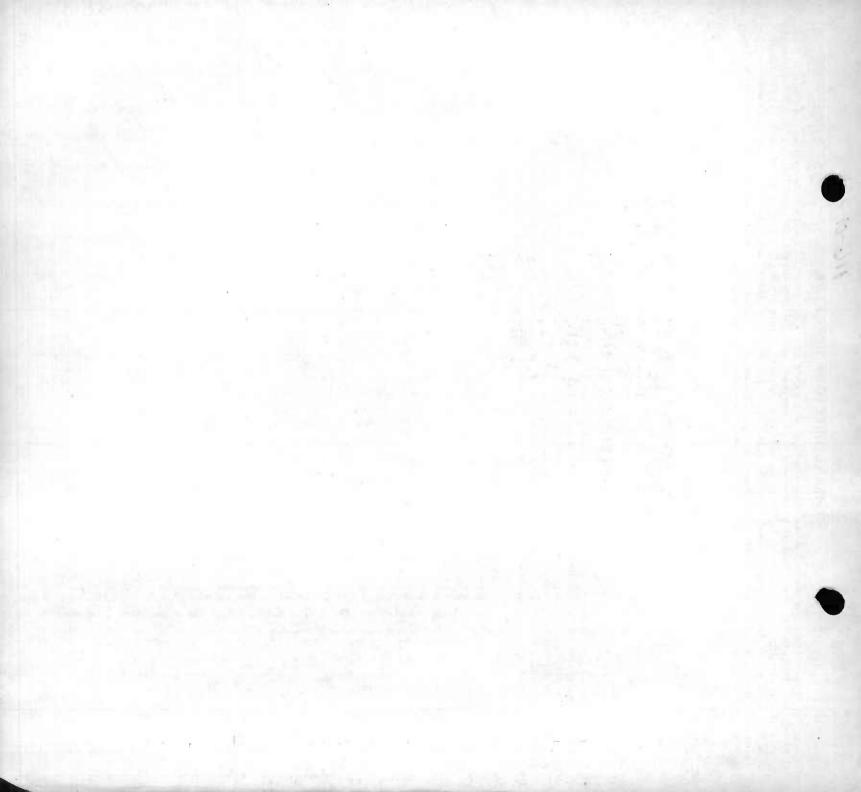
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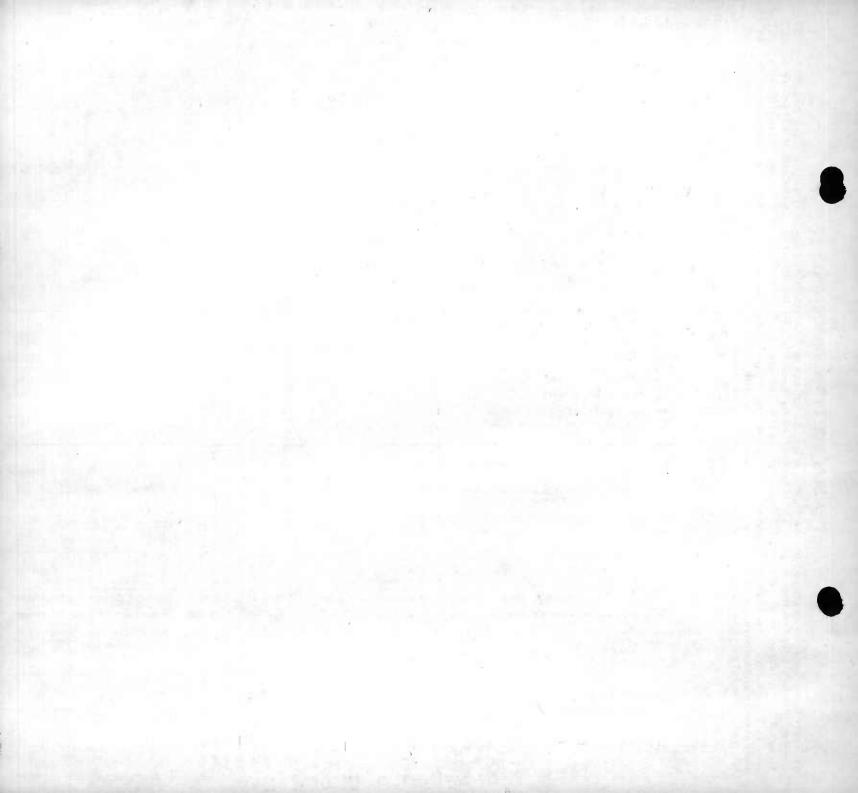
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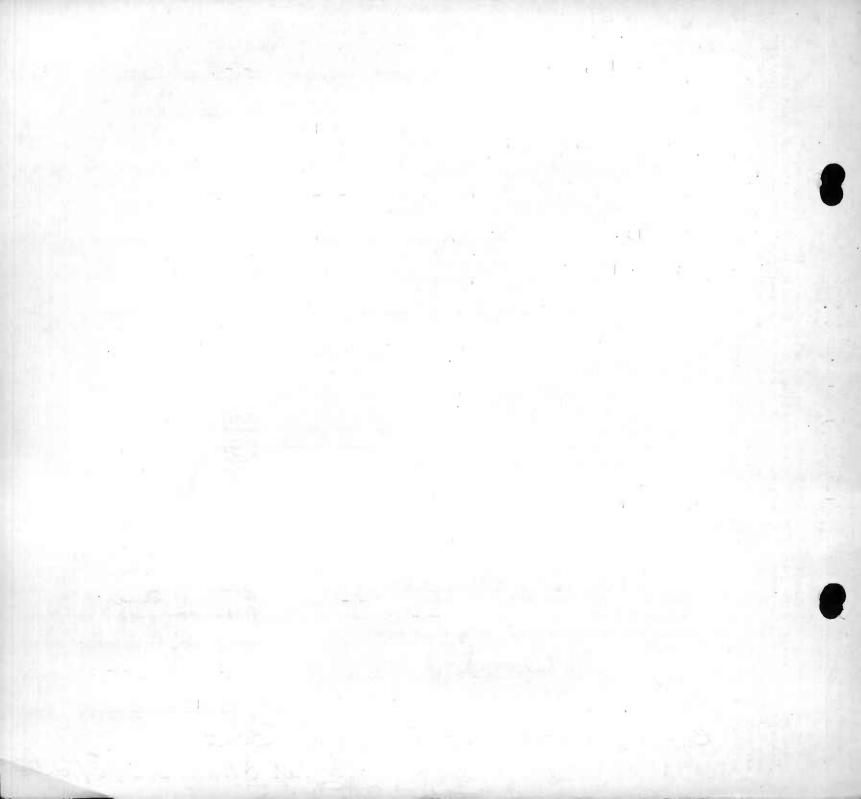
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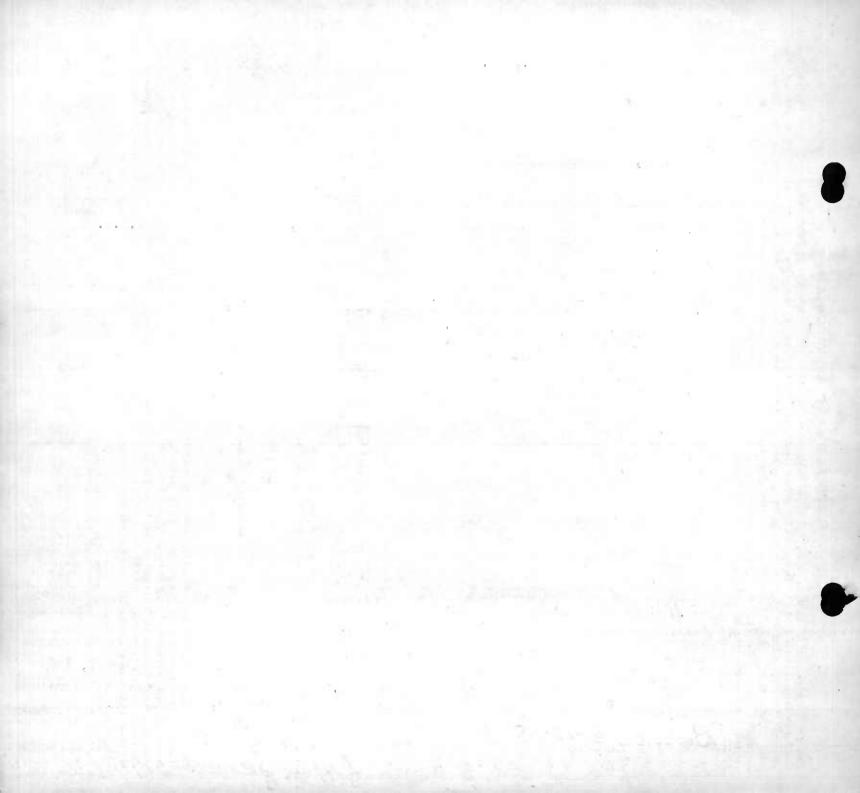






FULL NAME OF MOSTITAL OR Offices or locotions oddress or locotions of most into the sprind or institution, give sheet oddress or locotions of most into the sprind of most into the spring of most into the sprind of most into the spring of most into the sprind of most int	on th	M.E. CASE NO. 1. NAME OF D (Type or Print) 3. PLACE OF D		NCHE RYLAND		6-2-65	H 8:10M- institution: residence before admission)
THE JOHNS HOPMINS HOSPITAL D. STREET ADDRESS OF THE JOHNS HOPMINS HOSPITAL D. STREET ADDRESS OF THE JOHNS HOPMINS HOSPITAL TOPMING THE JOHNS HOPMINS HOSPITAL TOWN TOWN THE JOHNS HOPMINS HOSPITAL S. SEX S. S	e; (5) Dendance o deat	FULL NAME	OF (If not in hospital	ar institution, give street	MARYLAND C. CITY OR TOWN	DUNTY	7-84
5. SEX 0. RACE 7. MARRIED NEVER MARRIED DUVORCED (speechly MIDOWED MIDOWED DUVORCED (speechly MIDOWED	ned caus lar atter	THE JO	HNS HOPKINS	HOSPITAL	D. STREET ADDRESS		
DOMESTIC BALTIMORE 14. MOTHES MADEN NAME JOHH HARRIS SWEED DECEMBER OF THE STAND OF THE STAND DEATH THEN, NO OF THE STAND DEATH This does not mean the mode of dying, e.g., injury or complicion which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving injury or complicion which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving injury or complicion which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving injury or complicion which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE UNDERLYING CONDITION OF MICHAEL TO THE CONTRIBUTING CAUSES OF DEATH? OF CONTRIBUTING CAUSES DISEASES OR CONDITIONS ON TRIBUTING TO THE DEATH BUT NOT RELATED TO THE CONTRIBUTING CAUSES OF DEATH? YES 21AL ACCIDENT WAS UNDERLYING TO MADE A CONTRIBUTING CAUSES OF DEATH? YES 21AL ACCIDENT WAS UNDERLYING TO MADE A CONTRIBUTING CAUSES OF DEATH? YES 21AL ACCIDENT WAS UNDERLYING TO MADE A CONTRIBUTING CAUSES OF DEATH? YES 21AL ACCIDENT WAS UNDERLYING TO MADE A CONTRIBUTING CAUSES OF DEATH? YES 21AL ACCIDENT WAS UNDERLYING TO MADE A CONTRIBUTING CAUSES OF DEATH? YES 21AL ACCIDENT WAS UNDERLYING TO MADE A CONTRIBUTING CAUSES OF DEATH? YES 21AL ACCIDENT WAS UNDERLYING TO MADE A CONTRIBUTING CAUSES OF DEATH? YES 21AL ACCIDENT WAS UNDERLYING TO MADE A CONTRIBUTING CAUSES OF DEATH? YES 21AL ACCIDENT WAS UNDERLYING TO MADE A CONTRIBUTION TO COURT TO MADE A COURT TO MAD		F	N	MARRIED (specily)	9-23-29	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Manths Days Haurs Min.
The strong of th	decec	done during most	of working life, even if retired}	108, KIND OF BUSINESS OR INDUSTRY		foreign country)	12. CITIZEN OF WHAT COUNTRY?
The strong of th	the			N. A. A.	14. MOTHER'S MAIDEN		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart foliuse, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT. TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. OF CONTRIBUTING CAUSE OF CONDITION CAUSING IT. OF CONTRIBUTING CAUSE OF CONDITION CAUSING IT. DISEASE OR CONDITION CAUSING IT. OF CONTRIBUTING CAUSE OF CONDITION CAUSING IT. DISEASE OR CONDITION CAUSING IT. AND ATTER SIGNIFICANT CONDITION FOR WHICH OPERATION TO THE DISEASE OR CONDITION CAUSING IT. DISEASE OR CONDITION CAUSING IT. OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION TO THE DISEASE OR CONDITION CAUSING IT. DISEASE OR CONDITION CAUSING IT. OTHER SIGNIFICANT CONDITION CAUSING IT. PERCENTAGE OF INJURY (e.g., in or about 27 c. WHERE DID hame, larm, lactory, street, office bldg., INJURY OCCUR? DEATH (notify medical examiner) DISEASE OR CONDITION CAUSING IT. AND	_	15. Was Deceas	ed Ever in U. S. Armed For	s of service) SECULITY NO.	17. INFORMANT		ADDRESS
DISEASES OR CONDITIONS, if any, giving inse to the above cause (A) stating the UNDERLYING CONDITION to the DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT. OTHER SIGNIFICANT CONDITION CAUSING IT. OTHER SIGNIFICANT CONDITION CAUSING IT. OTHER DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. YES YES 21A. ACCIDENT WAS UNDERLYING CAUSES OF DEATH? OR CONTRIBUTING CAUSES OF DEATH? OR CONTRIBUTING CAUSES OF DEATH? YES 21B. PLACE OF INJURY (e.g., in ar about) 21C. WHERE DID (If in Baltimare City, give exact lacation) hame, farm, factory, street, affice bidg, INJURY OCCUR? OR CONTRIBUTING CAUSES OF DEATH? YES 21B. PLACE OF INJURY (e.g., in ar about) 21C. WHERE DID (II in Baltimare City, give exact lacation) hame, farm, lactory, street, affice bidg, INJURY OCCUR? While A1 Not White A1 Wark A1 Wark 22L. I certify that (I) (this hospital) attended the deceased fram 6265 19 ond that (In(my) (our) opinion deoth occurred an the dot ond hour and from the causes stated abave. (I) (We) (did) (did not) view the body ofter deoth. 23A. SIGNATURE AND. Attending Med. Staff	lar attenda balmed or	Olse (This does	ASE OR CONDITION DIL LEADING TO DEATH nat mean the mode of e, astheria, etc. II means amplication which caused	dying, e.g., the disease, death.)	elmonos.	infact Contlate	ONSET AND DEATH
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED YES YE	mains are	u NDERLYI	OR CONDITIONS, if the above cause (A) NG CONDITION last. II WIFICANT CONDITIONS C DEATH BUT NOT RELA	any, giving stating the CONTRIBUTING	acute for	It live	
21D. TIME IManth) (Day) (Year) (Haur) 21E. INJURY OCCURRED While At Wark 22. I certify that (I) (this hospital) attended the deceased fram 6-2-65 19 ond that (I) (we) last sow the deceased olive on 6-2-65 19 ond that (I) (we) last sow the deceased olive on 6-2-65 19 ond that (I) (we) last sow the deceased olive on 6-2-65 19 ond that (I) (we) last sow the deceased olive on 6-2-65 19 ond that (I) (we) last sow the deceased olive on 6-2-65 19 ond that (I) (we) last sow the deceased olive on 6-2-65 19 ond that (I) (we) last sow the deceased olive on 6-2-65 19 ond that (I) (we) last sow the deceased olive on 6-2-65 19 ond that (I) (We) (did) (did not) view the body ofter death. 23A. SIGNATURE 23B. DATE SIGNED	physici fore the	19A. DATE 21A. ACCIT OR CONTR	OF OPERATION 19B. CON WAS PER DENT WAS UNDERLYING BUTING CAUSE OF	IDITION FOR WHICH OPERATION FORMED 218. PLACE OF INJURY (e.g., hame, larm, lactory, street, c	YES	IN OUR SET THE SET OF S	
22. 1 certify that (I) (this hospital) attended the deceased fram 6-2-65 19 to 6-2-65 19 that (I) (we) last sow the deceased alive on 6-2-65 19 and that fin(my) (our) opinion death occurred an the dot ond hour and from the causes stated abave. (I) (We) (did) (did not) view the body ofter death. 23A. SIGNATURE 23B. DATE SIGNED	ained b	21D. TIME OF INJURY		(Hour) 21E. INJURY OCCURRED While At Not Whi	le 🗀	INJURY OCCUR?	
E M.D. Attending Med. Staff	be ok	that (1) (w	e) last sow the deceose and from the couses sta	ed olive on 6-2-65	19on	d that in (my) (our) o	pinion deoth occurred an the dot
NAME (Type)	approval m	23 C. PHYSIC	lans	M.D. AH	ending Med. Director 23 D. ADDRESS	Staff Phys.	





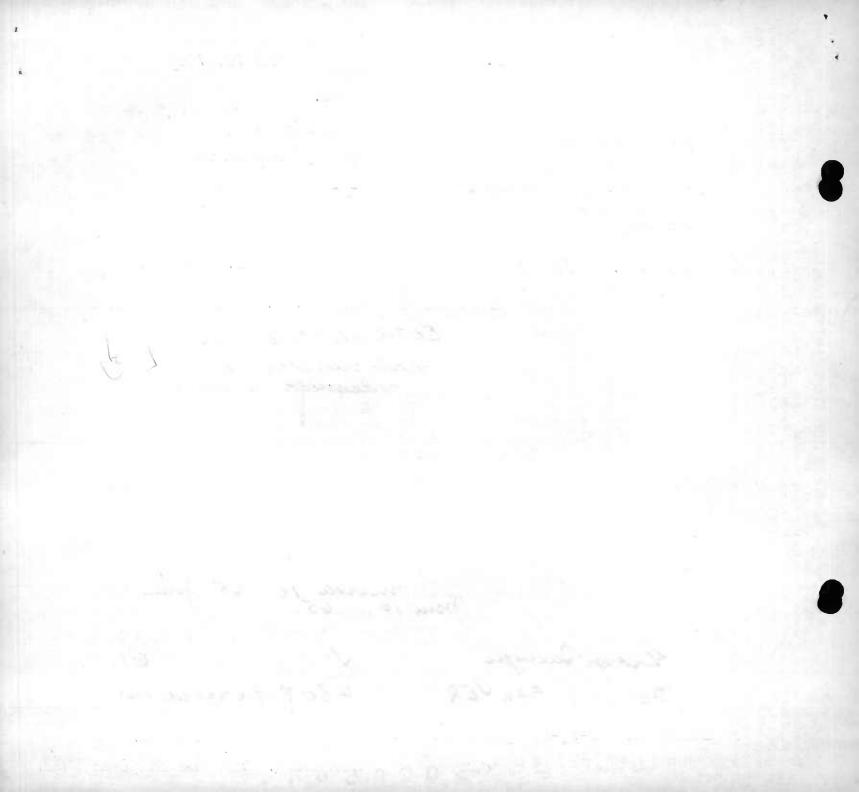
deat deat ease on th	M.E. C. 1. NAM (Type of	ASE NO.	$\frac{5 6137}{4nn} R$	CERTIFICA		Registered No.	65 6137
hospita ise of (5) Dec ance o	FUL HO:	SPITAL OR oddress	ORE MARYLAND hospitol or institution or location)	Brown	4. USUAL RESIDENCE (WI A. STATE B. COU Mde	Baltimor	nstitution: residence before admission
- 32. W	4	Union Memo.	rial Hosp	pital		f rurol, give location)	5300
th occurred in contributing etermined call in regular attention is made.		emale Whi	te Wi	ED, NEVER MARRIED YED, DIVORGED (specify) LOWE A OF BUSINESS OR INDUSTRY	8. DATE OF BIRTH 1/5/1891	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
death t or co Undett as in e dece	done dy	ring most of working life, even TOUSEWIFE THER'S NAME			Maryland 14. MOTHER'S MAIDEN N		WHAT COUNTRY?
T if if it is by it by it is by it by i	15. Wa	John J. Byrn s Deceased Ever in U. S. A orunknown) (If yes, give w	rmed Forces?	16. SOCIAL SECURITY NO. 216098967	Elizabet	h C. Sulli	van ADDRESS 519 Rolling Rd.
ctor: IMPORTAN caminer or his assistant aminer. Also, if the di A fracture of any kind; the pronounced death regular attendance on	(T)	DISEASE OR CONDIN LEADING TO his does not meon the ort failure, osthenio, etc. ury or complication which ANTECEDENT	DEATH mode of dying, e. It meons the diseos n caused death.)		lassive Ugg	see ISI	INTERVAL BETWEEN ONSET AND DEATH 3 ynemiles
al exar exar (3) A an wh in re	ris	SEASES OR CONDITION BY THE SEASES OR CONDITION SEASES OR CONDITION	se (A) stoting It			***************************************	
DIRE	ATION	e lo lhe obove counderLying Condition II THER SIGNIFICANT CONDIT THE DEATH BUT N ISEASE OR CONDITION CA A. DATE OF OPERATION 1	ISSE (A) Stoting IN lost. ITIONS CONTRIBUTION RELATED TO AUSING IT. 198. CONDITION FO	ing Several	ezal arteriord	lewis Sever	S Y
FUNERAL DIRE the chief medical ex al by a medical exc (2) Body burns; (3), ere the physician w physician was in efore the remains ar	AL CERTIFICATION	e lo lhe obove counderLying Condition II THER SIGNIFICANT CONDIT THE DEATH BUT N ISEASE OR CONDITION CA A. DATE OF OPERATION 1	ITIONS CONTRIBUTION RELATED TO AUSING IT. 198. CONDITION FOR WAS PERFORMED RLYING 2 E OF 2	ING STATE OF INJURY (e.g.,	20 A. AUTOPSY? (Yes or P	IN CERTIFYING CA	FINDINGS CONSIDERED LUSES OF DEATH? e City, give exoct locotion)
FUNERAL DIRE he chief medical ex l by a medical ex (2) Body burns; (3), re the physician w physician was in refore the remains ar	AREDICAL CERTIFICATION 10.00	e lo lhe obove counderLying Condition THER SIGNIFICANT CONDID THE DEATH BUT N SIEASE OR CONDITION CA A. DATE OF OPERATION A. ACCIDENT WAS UNDER	ITIONS CONTRIBUTION RELATED TO AUSING IT. 19B. CONDITION FO WAS PERFORMED RLYING 2 E OF 6er) (Yeor) (Hour) 2	ING THE Several R WHICH OPERATION PIB. PLACE OF INJURY (e.g., tome, form, foctory, street, come, form, foctory, street, company to the company to	in or obout 21C. WHERE DID infine bldg., INJURY OCCUR?	(If in Boltimore	USES OF DEATH?
FUNERAL DIRE the chief medical ex al by a medical ex (2) Body burns; (3) A ere the physician w physician was in efore the remains ar	NOITY OF THE CERTIFICATION OF	THER SIGNIFICANT CONDITION THER SIGNIFICANT CONDITION THE DEATH BUT N SEASE OR CONDITION CA A. DATE OF OPERATION A. ACCIDENT WAS UNDER CONTRIBUTING CAUST ATH (notify medical examin D. TIME (Month) (Day PPROX.) I certify that (I) (this	ITIONS CONTRIBUTION FOR RELATED TO AUSING IT. 19B. CONDITION FOWAS PERFORMED RLYING 2 6 6 6 6 6 6 6 6 6	ING THE R WHICH OPERATION PIB. PLACE OF INJURY (e.g., come, form, foctory, street, cottc.) TE. INJURY OCCURRED While At Not White At Work It the deceosed from (I) (White (did not))	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	IN CERTIFYING CA (If in Boltimon IJURY OCCUR? 19 62 ta) that in (my) (arr) opi	USES OF DEATH?

Larry T. Larry T. H. L. Larry Larry Co.

IMPORTANT

DIRECTOR:

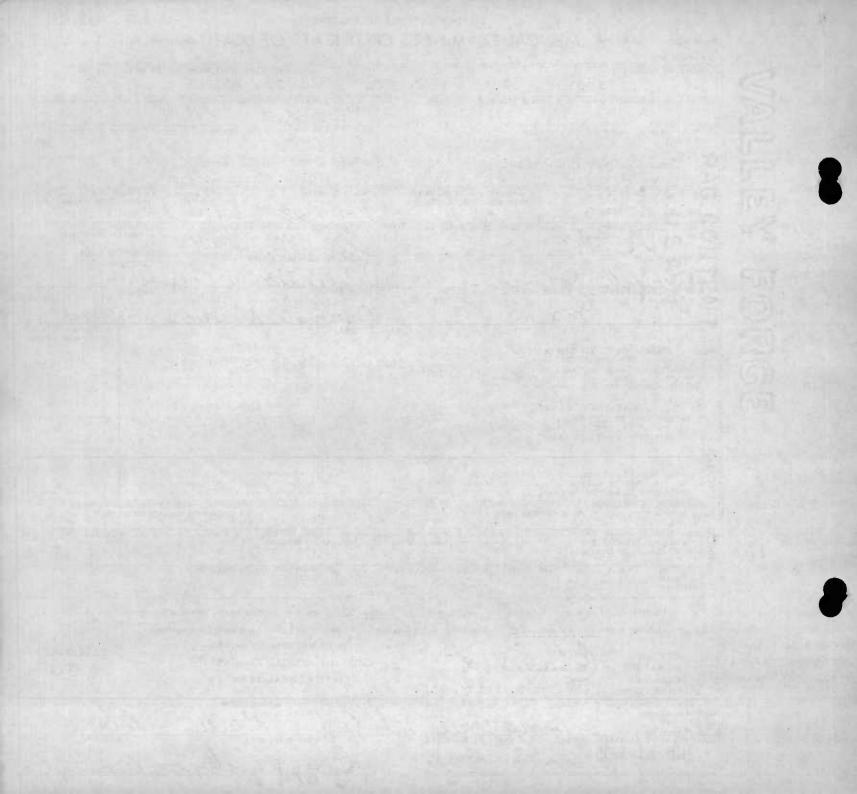
FUNERAL



BIRTH GO.

	0100			EALTH DEPARTMENT		00
тн 65	6139	MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH Registered No.
E. CASE NO.		W1-1-2				

M.E. CASE NO.			
1. NAME OF DECEASED			AND HOUR PRONOUNCED DEAD
JAMES	E. JOHNS		ne 9, 1965 1:15 A
3. PLACE IN BALTIMORE, MARYLAND, W	HERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Wh	ere deceosed lived. If institution: residence before odmiss B. COUNTY
FULL NAME OF (IF NOT IN HOSPITA	AL OR INSTITUTION, GIVE STREET	Maryland	
HOSPITAL OR ADDRESS OR LOCA	(TION)		tside corporate limits, write RURAL and give township)
		Baltimon	ce //
Johns Hopkins Hos	pital	D. STREET ADDRESS (If re	
		701 E. (Chase Street
5. SEX 6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify)	B. DATE OF BIRTH	9. AGE (In years If Under 1 Yr. If Under 24 last birthday) Manths, Days, Haurs, Mi
Male Negro	Oracle Specify	11-1-1903	41
10A. USUAL OCCUPATION (Give kind of work	108. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or fo	reign country) 12. CITIZEN OF
done during most of working little every if retired)		12. day: 100	WHAT COUNTRY?
13. FATHER'S NAME	2	14 MOTHER'S MAIDEN NA	AME
000 1.00		DiliAAA :-	Paudon
15. WAS DECEASED EVER IN U.S. ARMED	FORCES? 116. SOCIAL	17. INFORMANT	ADDRESS .
(Yes, no or enknown lif yes, give wor or dote		6 A	ADDRESS
nes		Charise	Williams -351 Bock Par
18.	CAUS	E OF DEATH	INTERVAL BETWE
DISEASE OR CONDITION DI	RECTLY		
LEADING TO DEATH	(A) Arter	ciosclerotic Hea	art Disease.
(This does not meon the mode af heart failure, asthenia, etc. It means injury ar camplication which caused o	the disease,		
ANTECENDENT CAUSE			
DISEASES OR CONDITIONS, IF A	(R)	20000 7740 78 8 78 744 740 0 744 4 4 4 4 4 4 4 4 4 4 4 4 4	
RISE TO THE ABOVE CAUSE (A) ST UNDERLYING CONDITION LAST.	TATING THE		
	(C)		
2			
OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REL			
E DISEASE OR CONDITION CAUSING			######################################
OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REL DISEASE OR CONDITION CAUSING TO THE DEATH BUT NOT REL DISEASE OR CONDITION CAUSING TO THE DEATH BUT NOT REL DISEASE OR CONDITION (198, CON WAS PERI	DITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or I	No. 20B. IF YES, WERE FINDINGS CONSIDERED
O WAS FERN	PORMIED	Yes	IN CERTIFYING CAUSES OF DEATH? Yes
ZIA, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., home, farm, foctory, street, etc.)	in or obout 21C. WHERE DIE office bldg., INJURY OCCUR?	O (If in Boltimore City, give exact location)
21D TIME (Month) (Doy) (Year	Haur) 21E. INJURY OCCURRED	21F. HOW DID I	NJURY OCCUR?
(APPROX.)	WHILE AT NOT AT V	WHILE	
22. I certify that I held on I			this bosis, deoth in my opinion
resulted fram: Notural cas			Undetermined monner
	Acquein Sorcia		
ACTUAL (1)	0 1/	CHIEF MEDICAL	DATE SUNE
SIGNATURE La	iles I / Ely M. C	ASSISTANT MEDICAL	
EXAMINER'S NAME (Type) Charle	s S. Petty, M.D.	ASSOCIATE MEDICAL	EXAMINER
23A. BURIAL CREMATION, 23B. DATE	23C. NAME of CEMETERY	or CREMATORY 23E	O. LOCATION (City, town, or county) (Stote)
REMOVAL (Specify)	1915 Protata Bal	- (a.	1300th mex
24A. DATE REC'D BY HEALTH DEPT.	248, NAME OF REGISTRAR	24C. SUNERAL DIRECT	TOR ADDRESS
The second of the second of	A. E. Farkeyma	Colon M	Websen B. A. A.
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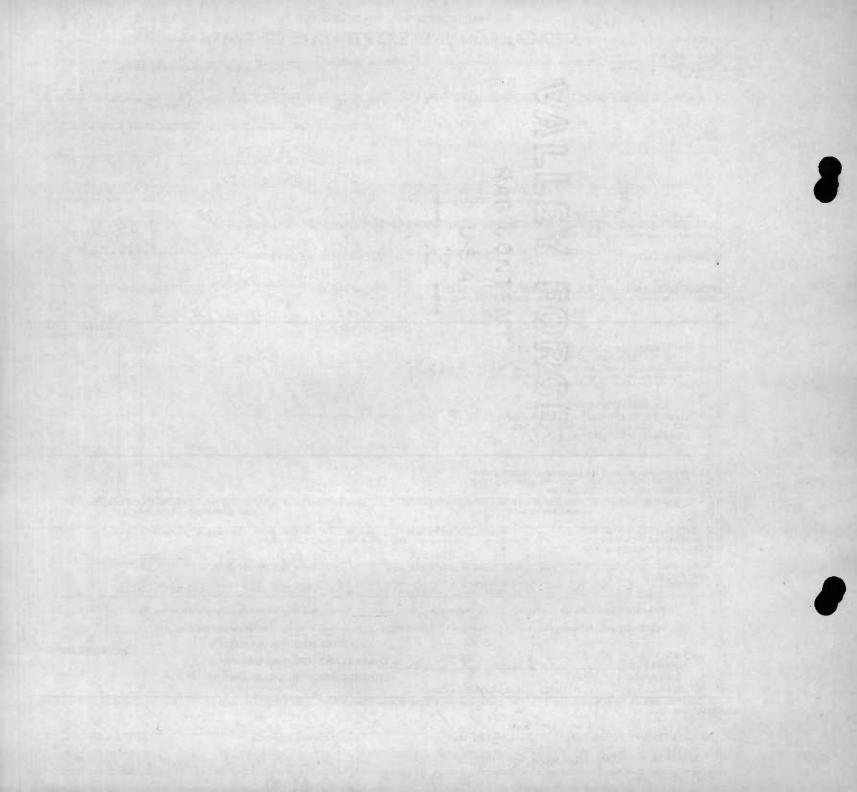
Marie R. Service B. Lendy

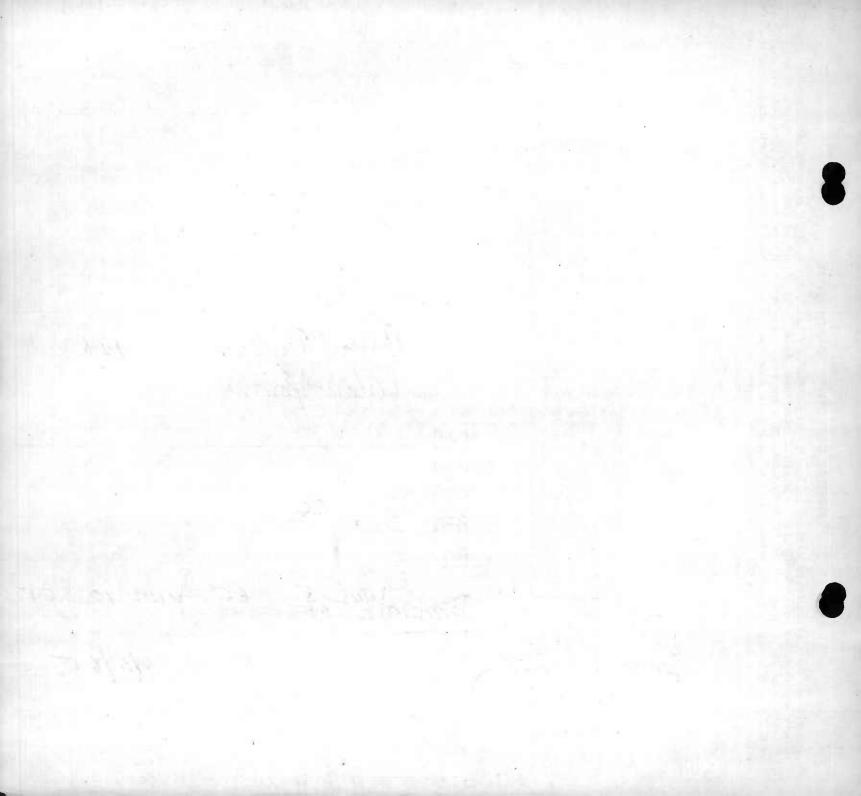
WHAT REAL PROPERTY.

Probability of the Control of the Co

from S. D. and

F-635	65 6141 BALTIMORE CITY HEA BIRTH NO. MEDICAL EXAMINER'S C	CERTIFICATE OF DEATH Registered No.
1 + 00	1. NAME OF DECEASED (Type or Print) TEDOX DODESTAND	2. DATE AND HOUR PRONOUNCED DEAD
	LEROY FORTUNE 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	June 9, 1965 10:00 p M.
		A. STATE B. COUNTY
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore D. STREET ADDRESS (If rural, give location)
23	Johns Hopkins Hospital	526 N. Chapel St.
	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify) male colored	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months, Days Hours Min.
	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRE done during most of working life, even if relired? 13. FATHER'S NAME	RY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? 14. MOTHER'S MAIDEN NAME
	Clarance Sorline 15. WAS DECEASED EVER IN U.S. ARMED FORCES? [16, 50 CIAL	Lottie Clash ADDRESS
	(Yes, no orunknown) (If yes, give wor or dotes of service) SECURITY NO.	Rule Sortune 1198, 21 of Start
	4 700 A Y	E OF DEATH INTERVAL BETWEEN ONSET AND DEATH
	OISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the mode of dying, e.g., heart foilure, osthenio, etc. It meons the disease, injury or complication which caused death.) DUE TO	wound of the heart
	ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Z	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
	19A, DATE OF OPERATION 19B, CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes Yes
	UING CAUSE OF DEATH. home, form, foctory, street, elc.) Street	office bldg, INJURY OCCUR? In front of 1436 E. Monument St.
		WHILE Stabbed during altercation
	22. I certify that I held an Inquiry Inspection A	utapsy X and that an this basis, death In my apinian
	resulted fram: Natural causes Accident Suicid	de Hamicide X Undetermined manner
	ACTUAL MAINTENANT	CHIEF MEDICAL EXAMINER DATE SIGNED
	SIGNATURE M.C	ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER 6-10-65
	NAME (Type) Rudiger Breitenecker 23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY	or CREMATORY 23D. LO CATION (City, town, or county) (Slote)
	REMOVAL (Specify) Built 6-14-1965 Bultime 24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR	Nut Cout Baltinue Mel
	JUN 11 1965 Robert E. Farleyna	-ChoyO.Wilson 1000 Brankly are

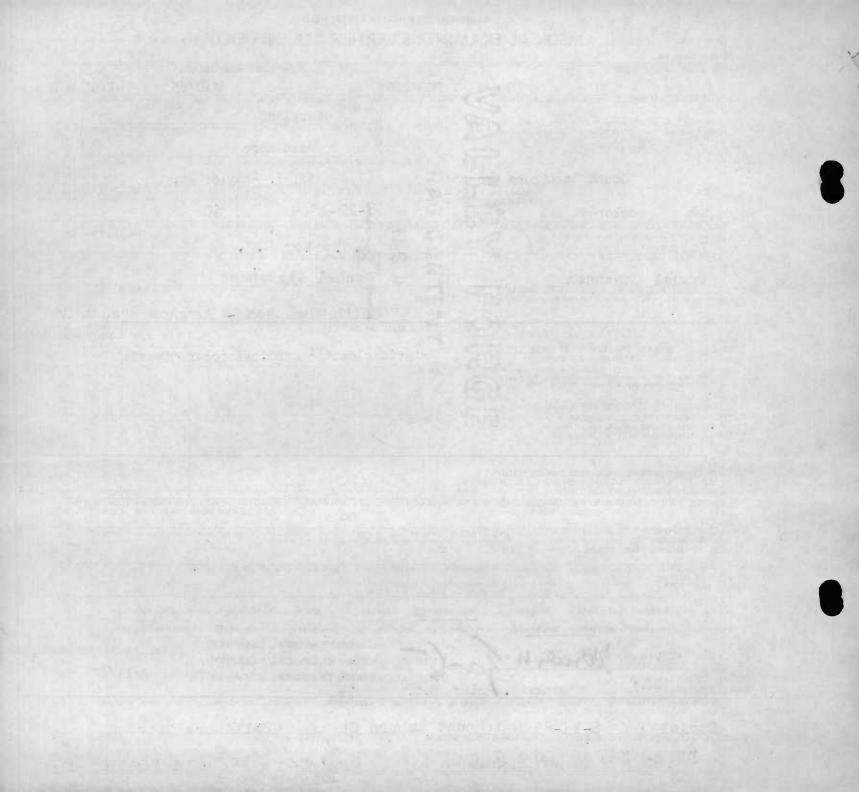


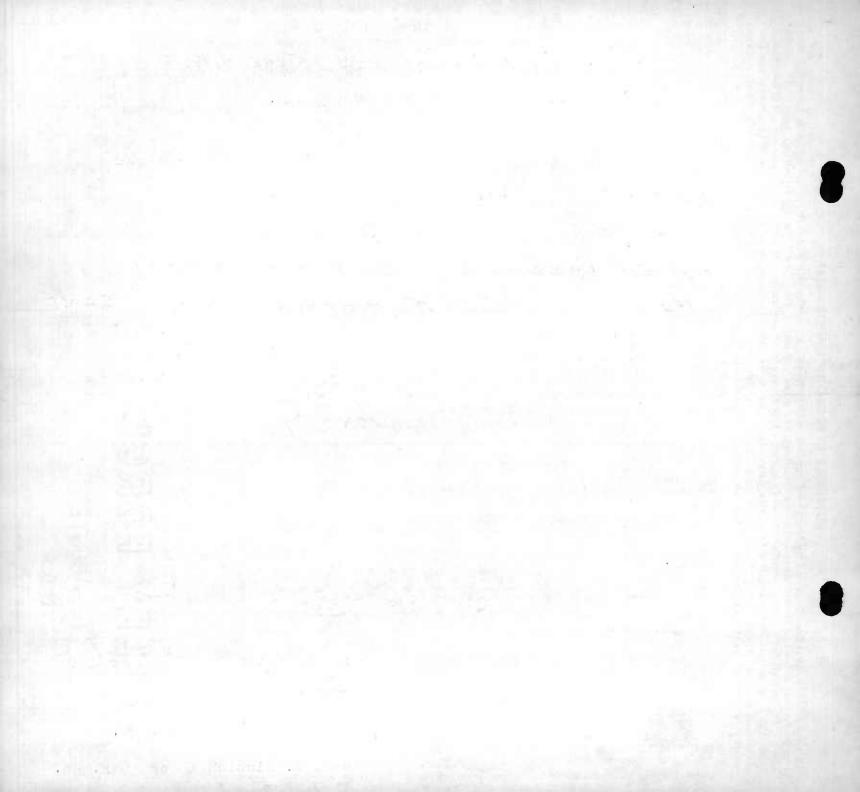


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BIR	TH NO.		WEDI	CAL EX	AMINER'S CI	EKTIFICA	I E OF D	EAIH Register	red Na		
	E CASE NO.								ald'it		
1. (Tv	Pe or Print)	EASED					2. DATE AND	HOUR PRONOUNCE	ED DEAD		
				THOMA	S THOMPSON	1	100000000000000000000000000000000000000	6/10/65	1	2:45 p	M.
	PLACE IN BALT					A. STATE	ryland	eceosed lived. If insti B. COU	lution: reside	ence before o	dmission)
HO	SPITAL OR	ADDRESS	OR LOCA	TION)	TION, GIVE STREET	C. CITY OR TOV		carparate limits, write	RURAL and	give townst	nip)
)						D. STREET ADDE		<u> </u>	70	-01	
1		South	Balti	more Ge	neral	6	21 S. Ch	narles St.			
5. 5	EX	6. RACE		7. MARRIED,	NEVER MARRIED	B. DATE OF BIRTI		9. AGE (In years		Yr. If Unde	
	male	colore		M	DIVORCED (specify)	8-22-19		lost birthdoyl	Months	oys Hours	Min.
	. USUAL OCCU e during most of w			108 KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE	State or foreign	country)	12. CITIZEN WHAT	COUNTRY?	-1191
	Laborer					M. Chest	er S.C	•			
	To see a Ti	Mhamna				Rachel	Alexani	den			
15.	WAS DECEASED, no or unknown)		S. ARMED		16. SO CIAL SECURITY NO.	17. INFORMANT	HTEXEII	ner	ADDRESS		1997
		, , , , , , , , , , , , , , , , , , , ,				Edith Th	nompson	- Furanc	e Bra	nch R	d
	1B.	21.	11.71.9		CAUSE	OF DEATH			1	NTERVAL BE	TWEEN
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart foilure, asthenia, etc. It means the disease, injury or complication which coused death.) ANTECENDENT CAUSES Arteriosclerotic cardiovascular disease (A) DUE TO										
NO	RISE TO THE	OR CONDITION OF ABOVE CAU	JSE (A) ST		(C)						
CERTIFICATION	TO THE		NOT REL	CONTRIBUTIN							
	19A. DATE OF			DITION FOR V	VHICH OPERATION	no		OB, IF YES, WERE FIN N CERTIFYING CAUS			
MEDICAL	21 A. EXTERNAL UNDERLYING UTING CAU	OR CONTRIB-		21 B. F hame, etc.)	form, factory, street, o	in ar about 21C. W office bldg., INJURY	HERE DID (IF	in Baltimare City, giv	e exact loc	otian)	
Σ	21D TIME OF INJURY (APPROX.)	(Month) (D	y) (Yeor		HILE AT NOT AT W	WHILE	DW DID INJUR	Y OCCUR?			
	22.	Ify that I he	ld an Ir	nquiry 🗌	Inspection X Aut	apsy and	that an this	basis, death in m	y apinlan		
	resulted fram: Natural causes 🗶 Accident 📗 Suicide 📗 Hamicide 📗 Undetermined manner										
	ACTUAL SIGNATI EXAMIN NAME (1	ER'S	Wern	n . 4	pitz, M.D.	ASSISTANT MI		MINER	6/11,	DATE SIG	ENED
23.4 RE/	BURIAL CREA	MATION, 238	DATE		NAME of CEMETERY .	CREMATORY	23 D. LO	CATION (City,	town, or co	unty) (Stole)
B	urial	6-	-15-6 DEPT.	5 24B, NAME (Mount Aubur		Bal DIRECTOR	timore Ci	Lty AD	DRESS	= 411
	JUN 14		Robert	8 E. Fa	Dec 4.a	Vse	rial'	& Bro	ren	VSa	

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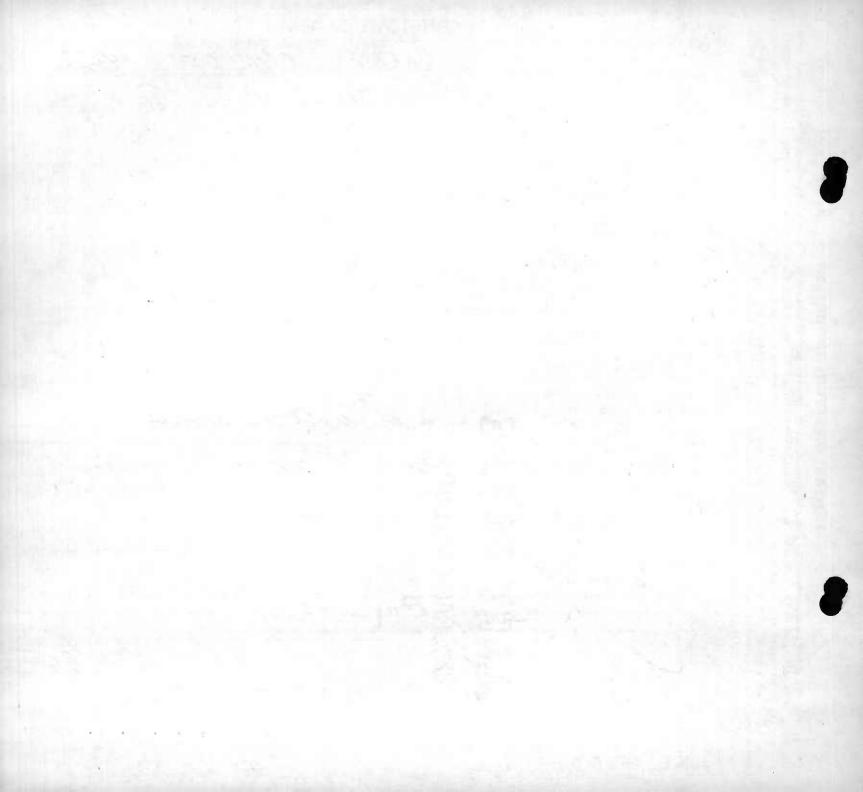
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THE PROPERTY OF THE PROPERTY O	614 MEDICAL	EXAMINER'S	CERTIFICATE C	F	DEATH Registered No
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BIRTH NO. 65	614 MEDI	CAL EX	AMINER'S C	ERTIFICA	TE OF [DEATH Registe	red No. 65 6347
M.E. CASE NO.	CEASED				12 DATE ANI	D HOUR PRONOUNCE	ED DEAD
(Type or Print)		d Inai	a till amb a		Z. DATE AN	June 13, 1	
3. PLACE IN BAL	TIMORE, MARYLAND, W		e Ellerbe	4. USUAL RESID	DEN CE (Where		
						B. COU	itution: residence before odmission) INTY
FULL NAME OF	(IF NOT IN HOSPITA	L OR INSTITU	TION, GIVE STREET	Mary]		e corporate limits, write	RURAL and give township)
NOITUTITZNI	ADDRESS OR LOCA					T	- 3/
				Balti			5/
0 -	Lutheran Hospi	+-1		D. STREET ADD			
						'alls Parkwa	-
5. SEX	6. RACE		NEVER MARRIED DIVORCED (specify)	B. DATE OF BIRT		9. AGE (In years last birthday)	Months Doys Hours, Min.
Male	Negro			8-6-	1906	58	
	UPATION (Give kind of work	TOB. KIND OF	BUSINESS OR INDUSTR	Y 11. BIRTHPLACE	(State or foreig	n country)	12. CITIZEN OF WHAT COUNTRY?
During most of	working life, even if retired) Curron. Heupt.	- AUT	SABENCH	ROCKIN	GHAM	N.C	96 X
13. FATHER'S NAM	AE	1	/	14. MOTHER'S M	AIDEN NAME		1 - 14
Harra	Fllense			Willa			
	D EVER IN U.S. ARMED	FORCES?	116, SOCIAL	17. INFORMANT			ADDRESS
	If yes, give wor or dote		SECURITY NO.	0	1011	7,246	enquere Carre Prov
NO		2.	2-05-3283	Genes	15/168	BE 3/37 "	ayurstans Prop
CTHE SIGNOTHER SIGNOTHER SIGNOTHER SIGNOTHER SIGNOTHER SIGNOTHE DISEASE OF THE DI	SE OR CONDITION DIL LEADING TO DEATH not meen the mode of rosthenio, etc. It meens mplication which caused of ANTECENDENT CAUSE OR CONDITIONS, IF A IE ABOVE CAUSE (A) ST NG CONDITION LAST. II NIFICANT CONDITIONS DEATH BUT NOT REI R CONDITION CAUSING F OPERATION 19B, CON WAS PERI DOR CONTRIB- USE OF DEATH. (Month) (Doy) (Yeor	dying e.g., the discose, deoth.) S NY, GIVING TATING THE CONTRIBUTINATED TO T IT. 21B. home etc.,)	(B)	20A. AUTOPSY in or obout 21 C. Voffice bldg.,	(? (Yes or No) CS WHERE DID (IN CERTIFYING CAUS YES Ill in Boltimore City, give	NDINGS CONSIDERED SES OF DEATH?
	Type John E.	Adams,	Suicident Suicident M. D.	Homici CHIEF M ASSISTANT M ASSOCIATE M	ide U L EDICAL EX EDICAL EX	AMINER AMINER AMINER	
JUN 14	1300 (College)	12,40	5 C	1 nash	Ta pa	Johnyer 6 38	1. Jiemon Of





VS 150-REV. 1/1/65

27/15 Shingship Year Not commented by E. W. I.F. WY BHEN THE 30 NECENTRAL SPIECE Fire or Od areser-P Lairente. THE STREET Manuscraph Fred LILE DOWNERS CHARGE MICHOLOG FLANGE Party - and an Province of any by the state of the 20 1-0 01-0 other I conside Charch How & and Horpite MINDER C MEHTIR

		HNO 65 6150		IT HEALTH DEPARTMENT		65 6150
P 0 4		H NO. 65 6150 CASE NO.	CERTIFIC	ATE OF DEATH	Registered No.	00 0100
S T D	1. N	AME OF DECEASED	1 ,	2. DATE	AND HOUR OF DEATH	2-
9 =		o or Print) Schaub, H	elen E.		6-11-6	S 9 9M.
o) Dec nce a eath.	3. P	LACE OF DEATH IN BALTIMORE, MARY	LAND	4. USUAL RESIDENCE (WI A, STATE B. GOL	hero doceoséd lived. If i	nstitution: residence before admission)
anc dec	F	TULL NAME OF (II not in hospital or	institution, give street	BAITIM		Balls
000	ŀ	HOSPITAL OR address or location) NST)TUTION	manufaction, give sheet	C. CITY OR TOWN (If	outside city limits, write	RURAL ond give township)
attend ior to	4		,,	CATON	SVILLE	3300
prior	1	DON Secours,	405p1121	D. STREET ADDRESS	If rural, give location)	2
6		Por		1920 TAC	CASTER A	69
3	5. S	EX 6. RACE 7.	MARRIED NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.
П	1	remple W	MAR RIED	3/7/19	last birthday)	Months Days Hours Min.
1	10A.	USUAL OCCUPATION (Give kind of work)	B. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF
	done	during most of working life, even if retired)		Balta		U.S.a.
1	13. 1	FATHERS NAME		14. MOTHER'S MAJDEN N	A AA F	0,3.2.
Щ		D 711 =		n		
	16.3	Driver-Hiperi		ALICE HIT	0~	
	(Yes	Was Deceased Ever in U. S. Armed Force ,no or unknown) (If yes, give wer or detes	of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
				HOSPITAL	- RECORD	
		18. 3 8 1. O I	CAUSE	OF DEATH	0	INTERVAL BETWEEN
		DISEASE OR CONDITION DIRE	CTLY	Q (7 0	Par	ONSET AND DEATH
Dem		LEADING TO DEATH	. (A)/	wy narie	munc	mps
_		(This does not mean the made of d heart failure, asthenia, etc. It means th			0 1.	
empa		injury ar complication which caused d	eath.)	whom of	1 mus	
		ANTECEDENT CAUSES	DUE TO			
0		DISEASES OR CONDITIONS, if an				
		rise to the obove couse (A) s UNDERLYING CONDITION tast.	faling lie (C)	**************************************	**************************************	
		1				
	Z	OTHER SIGNIFICANT CONDITIONS CO				
	ATION	TO THE DEATH BUT NOT RELATE DISEASE OR CONDITION CAUSING IT.	D TO THE			
	CERTIFIC	19A. DATE OF OPERATION 19B. CONDI	TION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or)	No) 208. IF YES, WERE	FINDINGS CONSIDERED
	ERT	0				or brain.
		21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g. hamo, farm, factory, street.	office bldg., INJURY OCCUR?	(If in Baltimor	e City, give exact lacotion)
	CAL	DEATH (notify modical examinar)	otc.)			
	ā	21 D. TIME (Month) (Day) (Your) OF INJURY		21F. HOW DID IN	JURY OCCUR?	
	2	IAPPROX.)	While At Work At Wo	hile		
		22. I certify that (I) (this hospital)		June 9	10 61	sne // 10 6.T
		The state of the s	0 0 11	11 15-4	/ /	
		that (I) (we) last saw the deceased	// /	~		inion death occurred on the date
		and hour and from the causes stated	l above. (I) (We)(dld) (did not)	view the body after death	•	
		23A. SIGNATURE	7	Honding CT AAnd -	Stoff -	23B, DATE SIGNED
		Jenarde C. J.		tronding Med. hys. Director	Sloff Phy s.	June 11, 196)
		230 PHYSICIAN'S NAME (Typo)		23D. ADDRESS		//
		ZENALDA C	PALAD M.	BON SECOUR.	S HOSP.	BALTO. 23 Hd
	24A	BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY or C	N/ · /	//	ity, town, or county) (State)
	7	REMOVAL (Spocify)	MEADOWRI	DGF L	Inchapi p	in MI
+	25A	DATE REC'D BY HEALTH DEPT.	B. NAME OF REGISTRAR	25C, FUNERAL DIRECTO	OR .	ADDRESS
			E. FailerMA	F. S MAA	NABRA	I TREDERICK RI
1	VS 1	150-REV. 1/1/65	C, TOWNEY!	411/14	00000	
			and the second	The second second		1 1 1

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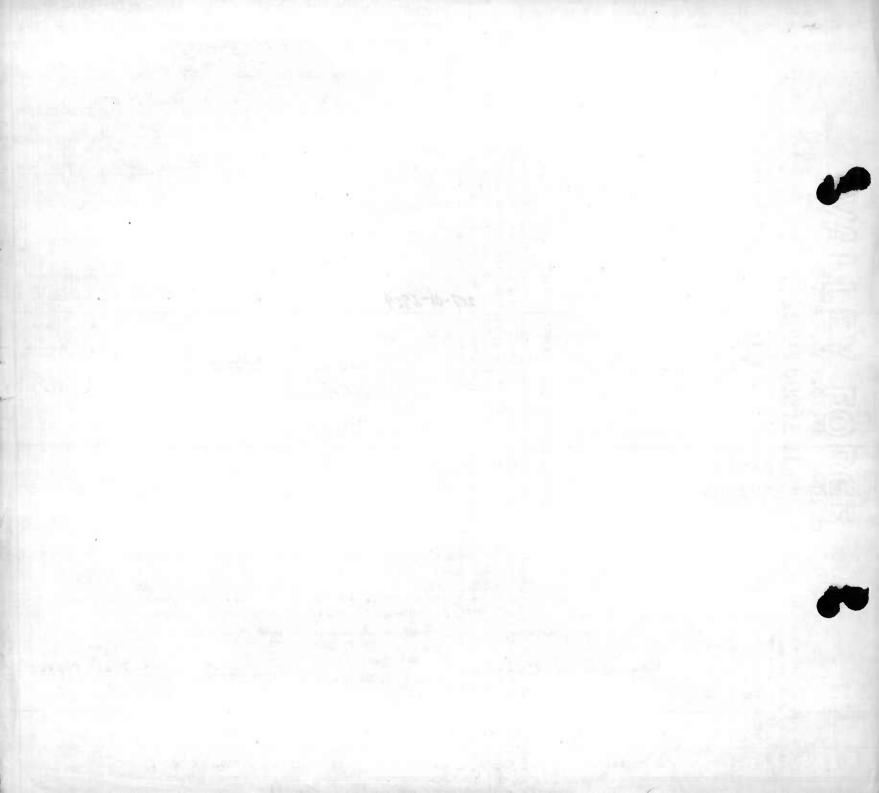
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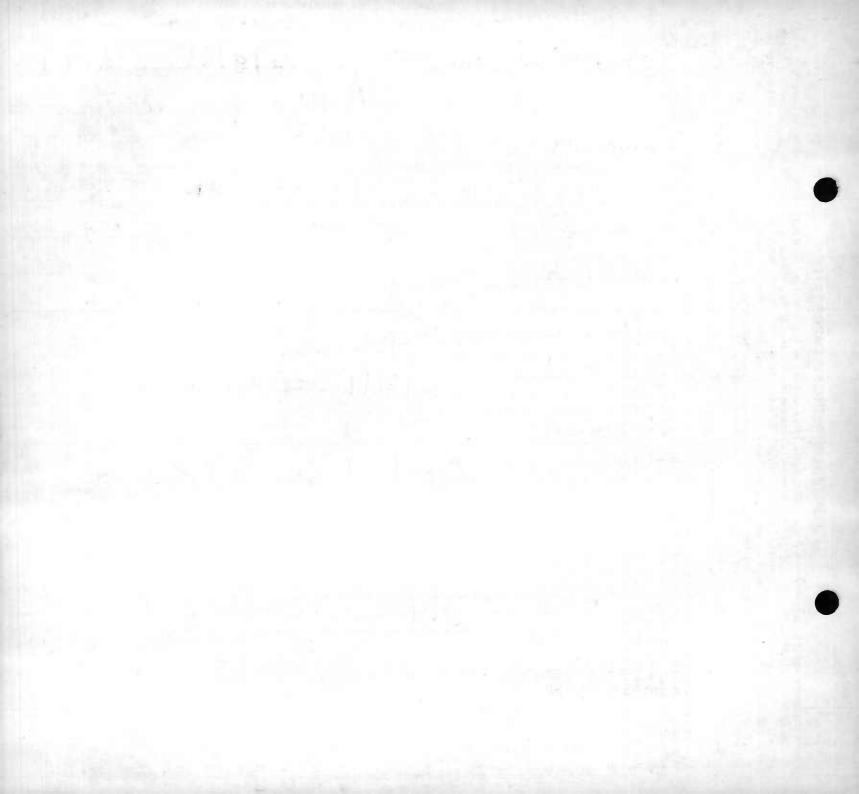
BALTIMORE CITY HEALTH DEPARTMENT

AS COUNTY AND ASSESSED. The same of the sa Toleronionia, Theodoria, and a series C. also after to we to source! The first control of the first restriction · A fig - E MEAT - OU - COUNTED ON THE STATE OF THE STATE The Corp (Sobedows and Corp.)

= 14		65 6159	TE OF DEATH Registered No.	65 6152
	of death of death Deceased e on the ath. Such	M.E. CASE NO. 1. NAME OF DECEASED (Type or Print) NARGARET 3. PLACE OF DEATH IN BALTIMORE, MARYLAND	2. DATE AND HOUR OF DEATH 6-7-65	10:15 P.m.
	cause use; (5) tendanc	FULL NAME OF (If not in hospital or institution, give street oddress or location) INSTITUTION MERCY HOSPITAL	C. CITY OR TOWN (If outside city limits, write Lutherville D. STREET ADDRESS (If rural, give location)	Baltimore RURAL and give township)
4	th occurred in contributing etermined can in regular at secased prior is made.	5. SEX Female White 7. MARRIED, NEVER MARRIED WHOWED, DINORCED (specify)	B. DATE OF BIRTH Dec. 24, 1908 9. AGE (In years lost biddeday)	If Under 1 Yr. If Under 24 Hrs. Manths Days Haurs Min.
	Jeat Onde 1s in de sitio	10A. USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR INDUSTRY dane during most of working life, even if retired) Registran 13. FATHER'S NAME	Maryland 14. MOTHER'S MAIDEN NAME	12. CITIZEN OF WHAT COUNTRY?
TANT	he direct kind; (4) I death we ce on the	Michael B. Barrett 15. Was Deceased Ever in U. S. Armed Forces? (Yes, so or unknown) (If yes, give wor or dates of service) None 16. SOCIAL SECURITY NO. 217-01-5909	Margaret Leonard 17. INFORMANT Joshua Fowble, 1508 Rider	ADDRESS wood Ave. Lutherville
R: IMPORTANI	Also, if the of any nounced attendan attendan	DISEASE OR CONDITION DIRECTLY	Marine - Remarkager)	INTERVAL BETWEEN ONSET AND DEATH 28 Longs
L DIRECTOR:	dical exanical exanrns; (3) A sician wheeled	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoling the UNDERLYING CONDITION tost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	ASCVD	12 yıs.
UNERAL	chiefry a m Body the plant nysicia	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TD THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 199. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	ne	
E	ed by the hospital blature; (2) apt where (6) No plined before	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF Home, farm, foctory, street, or etc.) 21B. PLACE OF INJURY (e.g., home, farm, foctory, street, or etc.) 21D. TIME (Manth) (Day) (Year) (Hour) 21E. INJURY OCCURRED (Mile At Not White At Not Wh	21F. HOW DID INJURY OCCUR?	re City, give exact facation)
7	be approved to the nt of any nt of any nt pital (exceptath); and ist be obta	22. I certify that (I) (this haspital) attended the deceased from that (I) (we) last saw the deceased alive an 10:15 gard and haur and from the causes stated above. (I) (We) (did) (did nat) (23A. SIGNATURE	6-6- 1965 ta Jr. 7 1965 and that in(my) (aur) ap	
	ficate mu was rele A. at a h prior to	Carmella A. Censarion M.D. All Phy 23 C. PHYSICIAN'S NAME (Type) M.D. 24A. BURIAL CREMATION, 24B. DATE 24C, NAME of CEMETERY of CR	23D. ADDRESS	June 8, 1965
	This certification of the body shows: (1) was D.O. deceased written a	Burial Jun. 11, 1965 Dulaneu Valle 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR JUN 14 1965 P. O. B. G. Z. Q. M.		lle, Maryland
		VS 150-REV. 1/1/65	0 6 6 0	and the second second



1-4521	665 56154 BALTIMORE CITY HEALTH DEPARTMENT	65 6154
Sed to	BIRTH NO. CERTIFICATE OF DEATH Registered No.	
pital and of death Deceased to the of the ath. Such	1. NAME OF DECEASED E. Williams (Williams) 2. Date and Hour of Death (Type or Print) Charles Williams (Williams)	13:07 P M
hos Se (5) de	3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceosed lived. If ins B. COUNTY FULL NAME OF (If not in hospital or institution, give street oddress or location) INSTITUTION 4. USUAL RESIDENCE (Where deceosed lived. If ins B. COUNTY C. CITY OR TOWN (If outside city limits, write RI	Harfnel
ing caus	D. STREET ADDRESS ([Lurol, give locotion)	62-00
th occurre contribut etermined n regular	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) 10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or toreign country)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
death t or c Under as in	done during most of working life, even if retired) Filling Station Attendant Maryland	12. CITIZEN OF WHAT COUNTRY?
	Inknown	
Sistant the di kind; death	15. Was Decessed Ever in U. S. Armed Forces? (Yes, no quunknown) (If yes, give wor or dotes of service) NO 16. SOCIAL SECURITY NO. 212-22-3952 Margaret D. Williams, Magn	ADDRESS
and any sign	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
0 4 5 5 0	Chis does not meon the mode of dying, e.g., heort foilure, asthenia, etc. It meons the diseose, injury or complication which coused death.) ANTECEDENT CAUSES DISEASE OR CONDITION DIRECTLY (A) Pulnonary Enhances DUE TO (B) Callities of the country of the co	
TOR: I	injury or complication which coused death.) ANTECEDENT CAUSES (B) Callitis artles, + ThroLoph	leb. Tis
DIRECTOR: cal examiner al examiner. s; (3) A fractu	DISEASES OR CONDITIONS, if ony, giving rise to the obave couse (A) slaling the (C)	
medi medic burn shysic	UNDERLYING CONDITION Ides. Control Contro	L'EASE INDINGS CONSIDERED
FUr by (2) By re th	WAS PERFORMED WAS PERFORMED IN CERTIFYING CAU VI	City, give exact locotion)
	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
approof any (exc)	that (I) (we) last sow the deceased alive an	ian death accurred an the dots
must be eleased ccident a hospit	23A. SIGNATURE M.D. Attending Med. Director Phys. W	238, DATE SIGNED 6 1965
was r Was r An a	23C. PHYSIGIAM'S JOHATHAN TUERK 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City	
This certificat the body was shows: (1) An was D.O.A. a'	KEMOVAL (Specify)	Harford Co. Md.
This cert the body shows: (was D.O	Burial June 13,1965 John Wesley Cemetery Magnolia 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR HOWARD K. McComas & Son,	Abingdon, Md.
	VS 150-REV. 1/1/65	



Was

VS 150-REV. 1/1/65

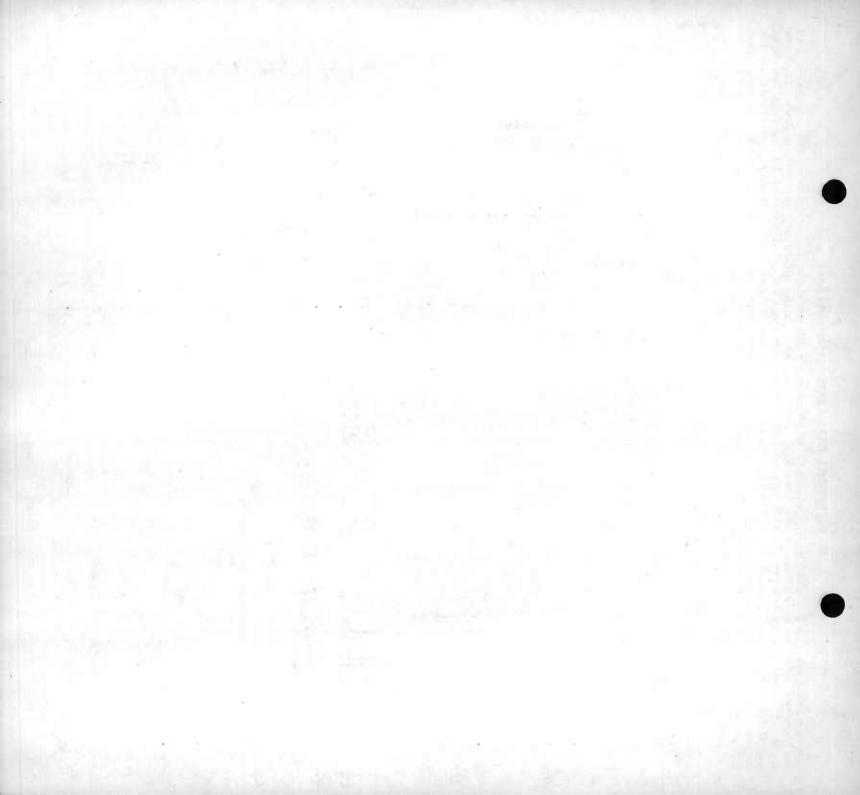
of death Deceased

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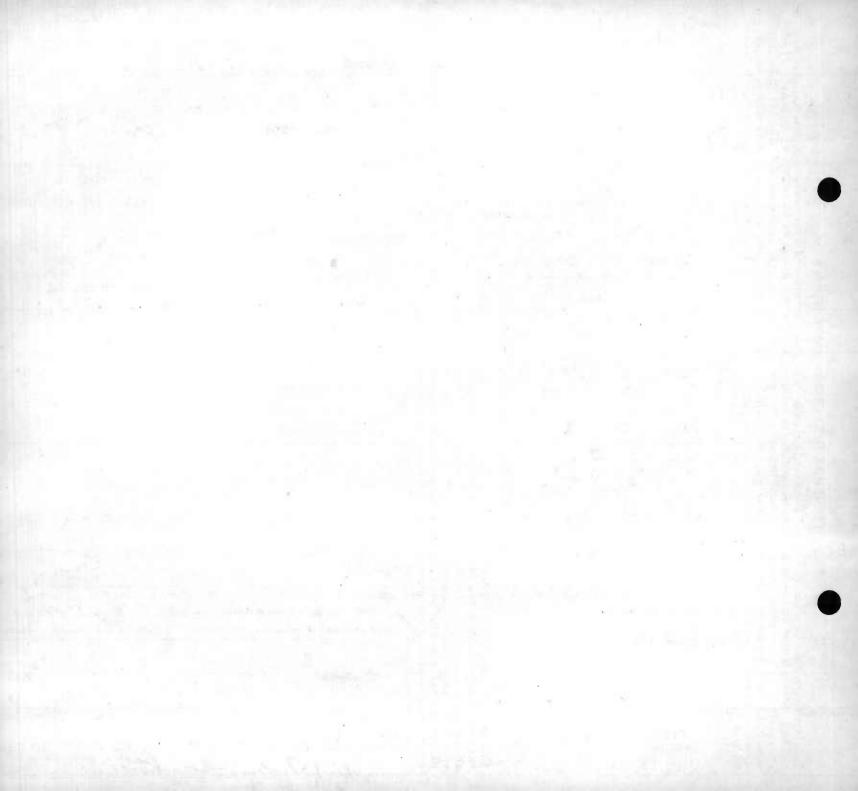
uo

BALTIMORE CITY HEALTH DEPARTMENT 6155 Registered No. CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO. I NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) Alice June 8, 1965 Holsey 3. PLACE OF DEATH IN BALTIMORE MARYLAND 4. USUAL RESIDENCE (Where deceased lived, If institution; residence B. COUNTY Maryland FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) INSTITUTION 1424 Meridene Drive Baltimore D. STREET ADDRESS (If turol, give location) Baltimore, Maryland 21212 1121 Meridene Drive 21212 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years 5. SEX 6. RACE If Under 1 Yr. If Under 24 Hrs. BE WIDOWED, DIVORCED (specify) Months Doys lost birthdov Hours Female White Married 12/30/1902 62 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF disposition WHAT COUNTRY? done during most of working life, even if retired) Housewife Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James McKeldin Dora Grief 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) 17. INFORMANT ADDRESS 16. SOCIAL 101 W. Market St. SECURITY NO. 212-05-8102 No None Rev. J. Raymond Holsey Snow Hill. CAUSE OF DEATH 0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY med LEADING TO DEATH (This does not mean the made of dying, e.g., balı heart failure, asthenia, etc. It meons the disease, injury at camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. the remains OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21 B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, loctory, street, office bldg., INJURY OCCUR? (If in Baltimore City, give exact location) MEDICAL DEATH (notify medical examiner) obtained (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) Work At Work 22. I certify that (1) (this haspital) attended the deceased fram that (1) (we) lost saw the deceased alive any and that In(my) (our) apinion death accurred on the date and haur and from the causes stated above. (1) (We) (did) (did not) view the body after death. 23A. SIGNATUR 23 B. DATE SGNED Attending [M.D. Phys. Director approval 23D. ADDRESS 23C. PHYSICIAN'S NAME (Type) 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION REMOVAL (Specily) 65 Mt. Olive Olivet



VS 150-REV, 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT



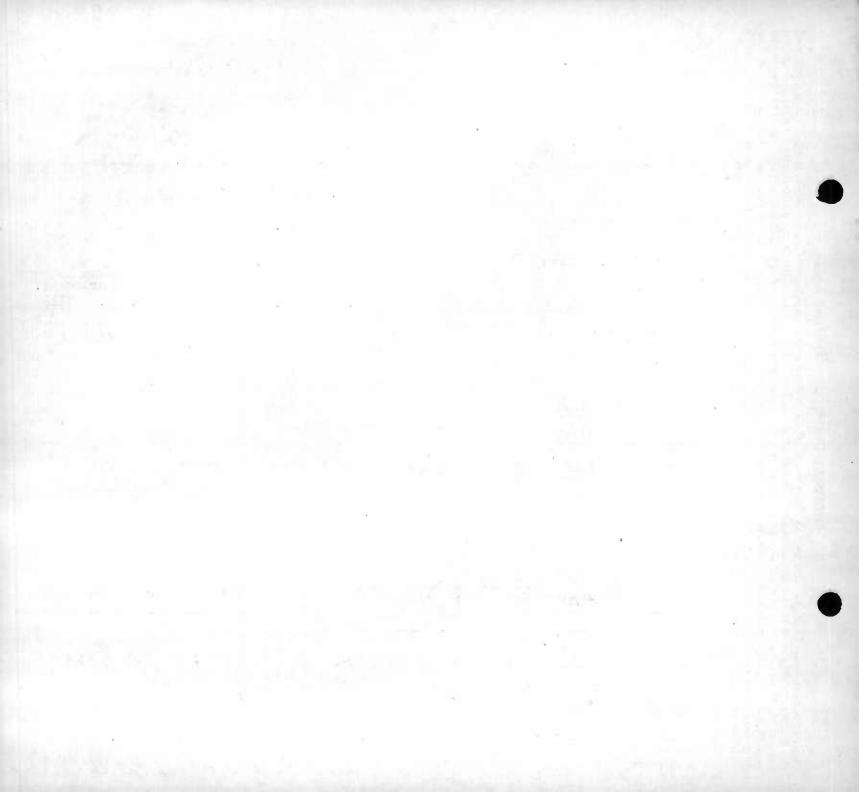
IMPORTANT

DIRECTOR:

FUNERAL

If Under 24 Hrs.

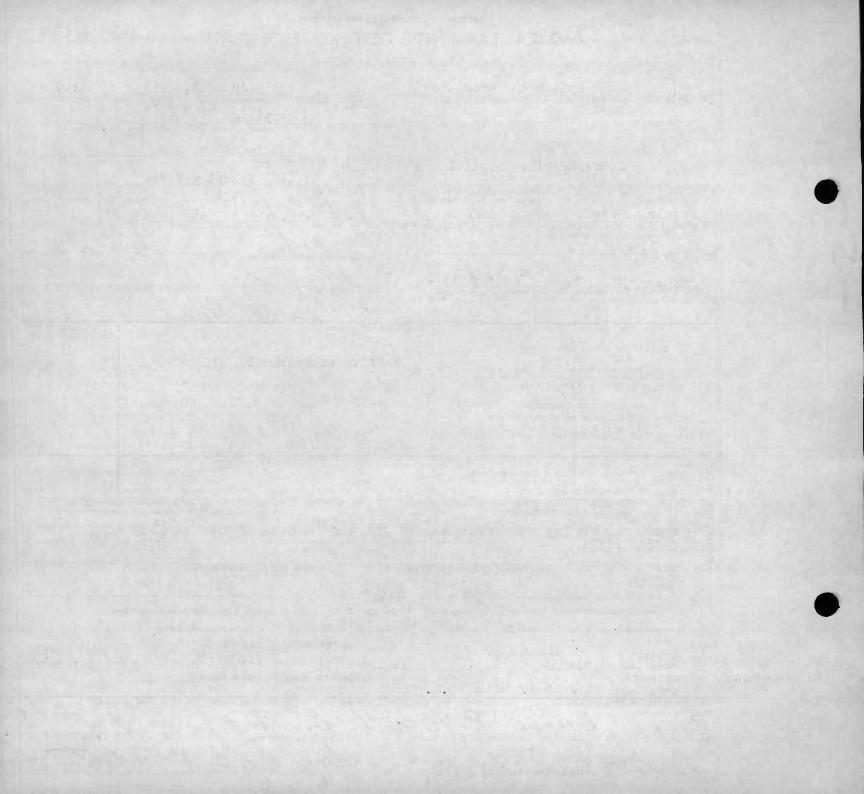
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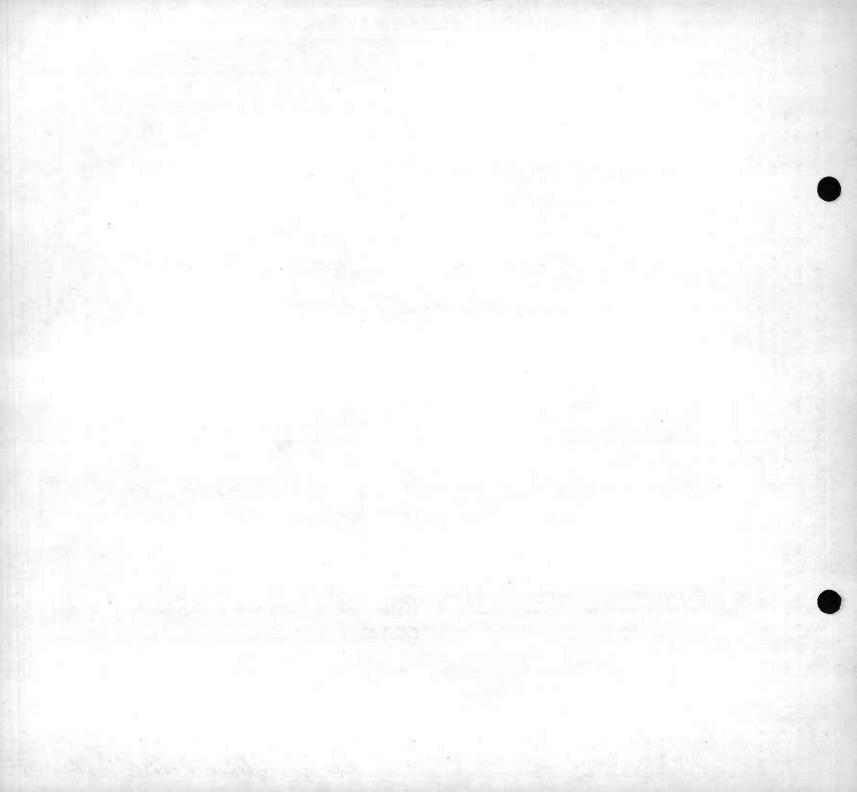
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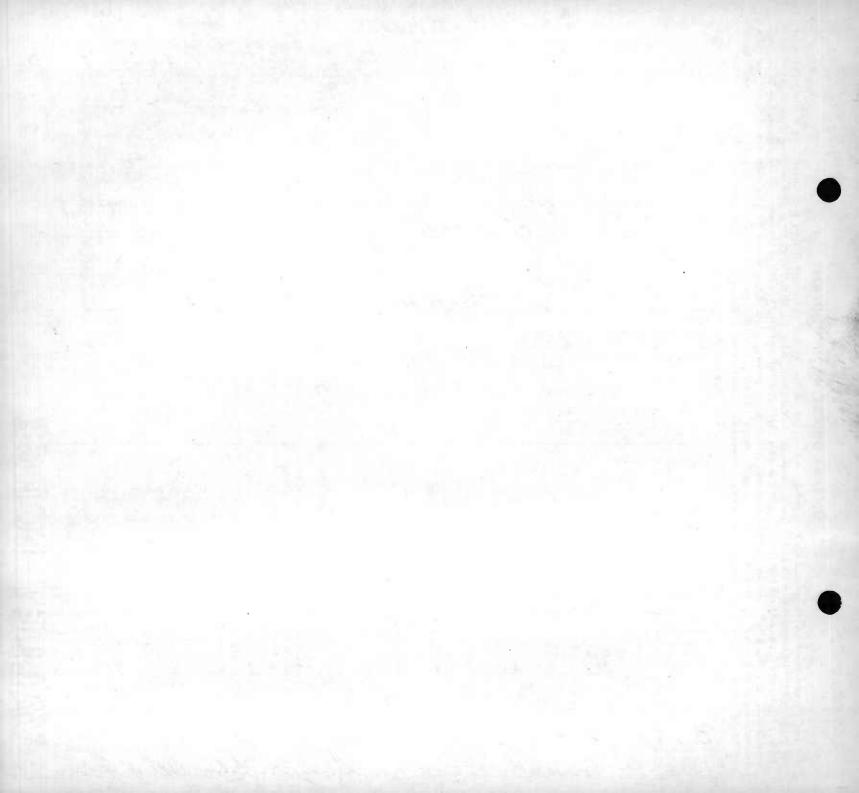
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Ws-	- 14	1
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BIRTH NO.	DO 6 MED	DICAL EXAMI	NER'S CE	RTIFIC	CATE OF D	DEATH Registe	ered No. 0100
M.E. CASE NO.	FACED				To a second		(D. D.) (D.
1. NAME OF DEC	CEASED	M.			2. DATE AND	HOUR PRONOUNC	ED DEAD
	Eliza Eliza	abeth Woodla	nd			June 12, 19	965 11:07 Am.
3. PLACE IN BALT	IMORE, MARYLAND,	WHERE PRONOUNCED D	DEAD	4. USUAL	RESIDENCE (Where	deceosed lived. If inst	titution: residence before odmission)
			1	A. STATE	Maryla		SNII
FULL NAME OF	ADDRESS OF LOC	TAL OR INSTITUTION, G	VE STREET	C. CITY OF			e RURAL and give fownship)
NSTITUTION	ADDRESS ON LOC						9-10
					Baltim		0 0 1
2	Johns Hopl	cins Hospital		D. STREET	ADDRESS (If rurol,	give location)	
2	Tours of F				1623 H	akesley Pla	ce
S. SEX	6. RACE	7. MARRIED, NEVER	AARRIED 8	DATE OF		9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.
		WIDOWED, DIVORCE		//		lost birthdoy	Months Doys Hours Min.
Female	Negro	Wielow		reb	28, 12	42	
		rk TOB. KIND OF BUSINE	SS OR INDUSTRY	1. BIRTHPL	ACE (State or foreign	country)	12. CITIZEN OF
	working life, even if retired		- VIET FOR		400		WHAT COUNTRY?
B. FATHER'S NAM	7/6		1	4 MOTHER	S MAIDEN NAME		61.7.
-	1	1		J. MOTHER	A MAIDER HAME		
De m	es A.	1.405€		W	604 1		
. WAS DECEASE	D EVER IN U.S. ARME			7. INFORM	ANT		ADDRESS
es, no or unknown	(If yes, give war or do	tes of service) SECU	IRITY NO.	1 , 4 /	1	11	1 21-0 1/ 12
				W1/1	iam lon	1 dlowd	1623 Hr. Kesto
18.	AV		CAUSE	OF DEATH			INTERVAL BETWEEN
00	0 % 1						ONSET AND DEATH
DISEA	SE OR CONDITION D						
(This does a	LEADING TO DEAT		(A) Mass	sive s	ubarachnoi	d hemorrhag	ge
heort forlure,	osthenio, etc. It mean	is the disease.	DUE TO				
injury or cor	mplication which coused	deoth.)					
	MITECENIDENT CALL	ec					
	ANTECENDENT CAUS		(B)				
	OR CONDITIONS, IF E ABOVE CAUSE (A)		DUE TO				
UNDERLYIN	IG CONDITION LAST						
OTHER SIGN			(C)				
Ĭ					38 YO K 30 -	The second second	
OTHER SIGI	NIFICANT CONDITION						
TO THE	DEATH BUT NOT R						
_		NDITION FOR WHICH C	PERATION	120A AII	OPSY2 (Yes or No)	OND TE VEC WEDE EI	NDINGS CONSIDERED
5		RFORMED	PIEKATION	200. 00		IN CERTIFYING CAU	
					es	ye	
UNDERLYING	L CAUSE WAS	218, PLACE O	FINJURY (e.g., in loctory, street, offi	or obout 2	IC. WHERE DID	If in Boltimore City, gi	ive exoct location)
	SE OF DEATH.	etc.)	lociory, sireel, oil	ice biog., ir	dokt occok;		
5 L							
OF INJURY	(Month) (Doy) (Ye	or) (Hour) 21E INJU	RY OCCURRED	2	F. HOW DID INJU	RY OCCUR?	
(APPROX.)		WHILE AT	NOT W	HILE			
22.		m. WORK	AT WO	RK 🔲			
	tify that I held an	Inquiry Insper	etian Auta	nsv X	and that an thi	s basis, death in n	ny aninjan
resul	ted fram: Natural c	auses 🔀 Accident	Suicide	Ho	ımicide 🔛 💛	Indetermined mann	er 🔛
	01-	- 11		CHIE	F MEDICAL EX	AMINER	
ACTUAL		9 6/200		ACCIETAN	IT MEDICAL EX	AMINED X	June 13, 1965
SIGNAT		- Jace					ounc 15, 1705
EXAMIN	ER'S	T	D	ASSOCIA"	TE MEDICAL EX	AMINER	
NAME (E. Adams, M		211111			
3A. BURIAL CRE		23C. NAME	of CEMETERY or	CREMATO	RY 23D. LC	CATION (City,	, town, or county) (Stote)
EMOVAL (Specify	1 11	115	11 11-	1/	N P	16	101
Wallia.	6-16-	63 1291	To. NO!	L. (fon. De	11160000	mol
4A. DATE REC'D	BY HEALTH DEPT.	248. NAME OF REGIS	TRAR	24C. FI	JNERAL DIRECTOR	,	ADDRESS
11111 4	1005 4	4 40 4		-19	/	1/ /20	10N 11
JUN 14	1965 17 0	A & Staller	.h	Refe	5-24 M. K	cla ISK	III. Celle - It
	- UNCO	A CONTRACTOR OF THE PARTY OF TH		-1-7-	1 1.1-		

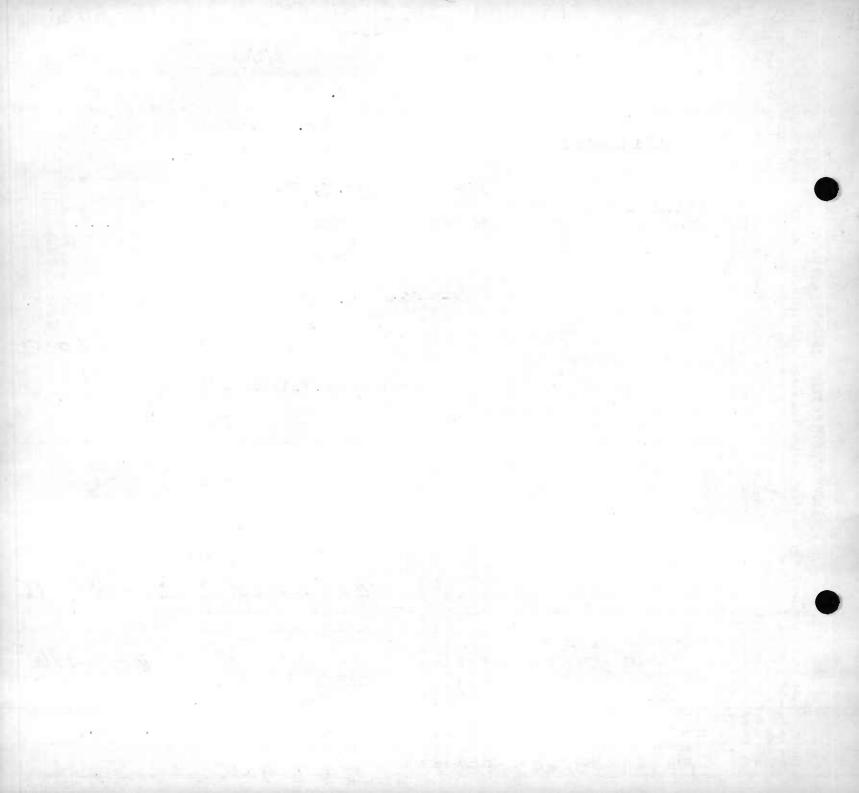


	65 6159 BALTIMORE CITY HEALTH DEPARTMENT X 65 6450
	TH NO. CERTIFICATE OF DEATH Registered No.
1. N	E CASE NO. NAME OF DECEASED 2. DATE AND HOUR OF DEATH
	pe or Print) KANDOLPH HOLLAND 10 June 1965/2
	PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission A. STATE B. COUNTY
	FULL NAME OF (If not in hospital or institution, give street MARAIA AND HUNE HOLDING
	HOSPITAL OR oddress or location) INSTITUTION OWN FIF offside city limits, write RURAL and give township) C. CITY OR TOWN fif offside city limits, write RURAL and give township)
>	CYBERT ADDRESS (If must give location)
	BALTIMORE MP. PLAZA MAINOR.
. 5	SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs WIDOWED, DIXORCED (specify) 777 flost birthday Months; Doys Hours Min.
	Never Married 1-8-86 78
	A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	7. Ma. USH.
3,	FATHER'S NAME
	Lewis Holland. Sophia Turner
5. Ye	Was Deceased Ever in U. S. Armed Forces? Is, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.
	7. 217-07-2369 blodys Bust 2813 Wineheste.
	18. 3 4 X INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH DROWERS PARTY OF THE PROPERTY
	(This does not mean the mode of dying, e.g., DUE TO
	heort loilure, asthenia, etc. It meons the disease, injury or camplication which coused death,)
	heart follure, asthenia, etc. Il means the disease, injury or camplication which coused death.) ANTECEDENT CAUSES (B) CEREBRAE ARTERIOSCLE 20515 YEAR
	DISEASES OR CONDITIONS, if any, giving
	rise to the obove couse (A) stating the (C) UNDERLYING CONDITION tast,
~	
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE
ERTIFIC	WAS PERFORMED IN CERTIFYING CAUSES OF DEATH?
O	218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact locofion)
CAL	DEATH (notify medicet exominer) etc.)
MEDI	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
<	(APPROX.) Work At Work
	22. I certify that (1) (this hospital) attended the deceased from TuwE 19 65 to 10 JuwE 19 60
	that (b) (we) lost/saw the deceased alive an 10 10 10 11 19 G ond that in (my) (our) apinion deoth occurred on the do
	and hour and from the causes stated above. (1) (We) (did) (did not) view the bady after death.
	23A. SIGNATURE 23B. DATE SIGNED
1	Phys. Director Phys. 2 (8 June 6)
	23C. PHYSICIAM'S NAME (Type) 23D. ADDRESS 23D. ADDRESS
244	A. BURIAL CREMATION, 1248, DATE 124C, NAME of CEMETERY OF CREMATORY 124D, LOCATION (City, town, or county) (Stories)
241	A. BURIAL CREMATION, REMOVAL (Specify) 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote)
1	Surial 6-14-65 Westein Star Com. Daltimore Co. Md
65F	JUN 14 1965 Robert E, Farker M. 25C. FUNERAL DIRECTOR ADDRESS
S	150-REV. 1/1/65





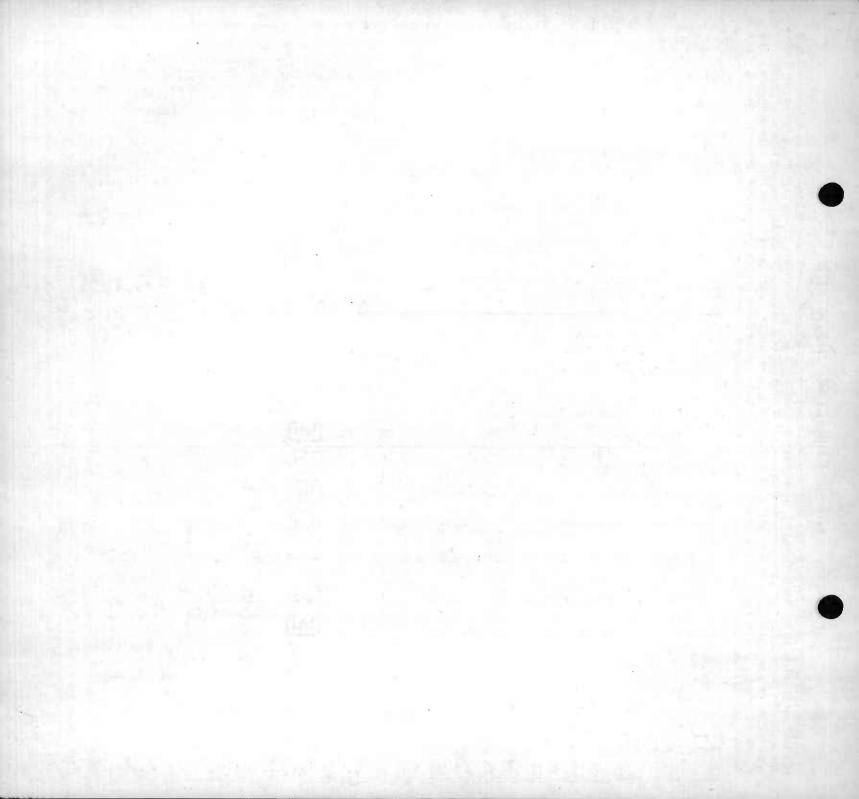
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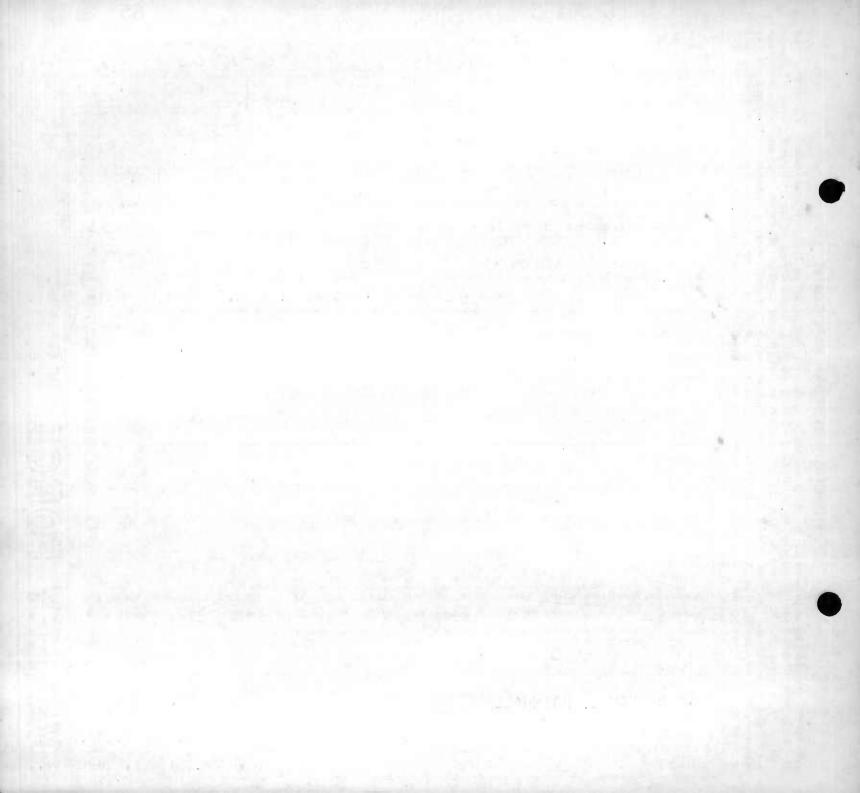


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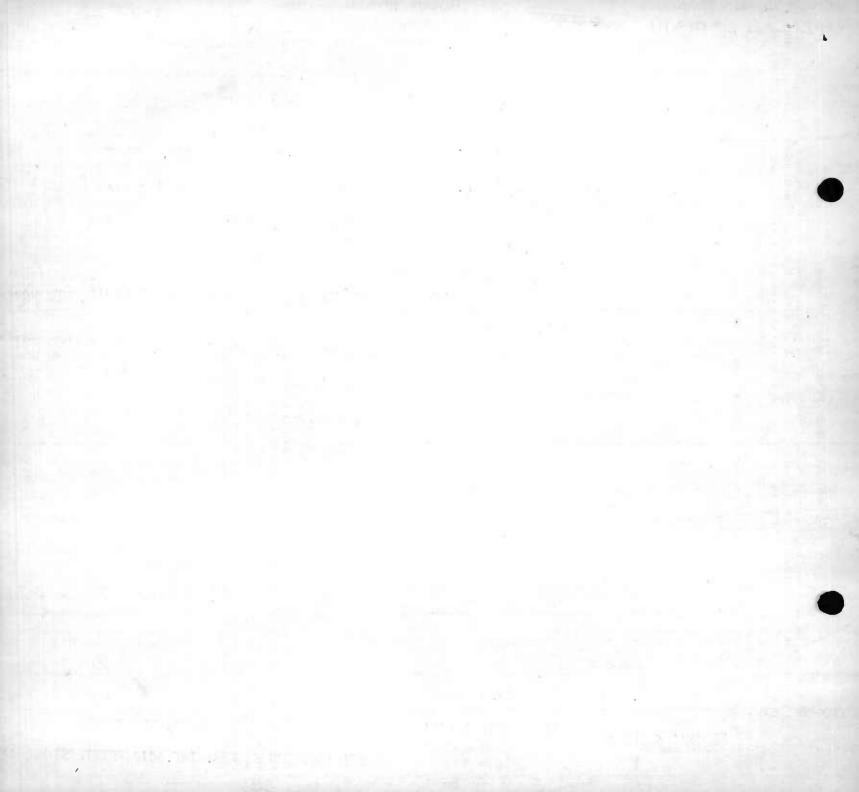
DIRECTOR:

FUNERAL





3.		TH IN BALTIMORE, ME	ARYLAND (D. Fuss	4. USUAL RESIDENCE (WE A. STATE B. COU	INTY	stitution: residence before admission)
2	FULL NAME O HOSPITAL OR INSTITUTION	oddress ar lacation	on)		C. CITY OR TOWN (IF C	-	RURAL and give township)
Ĺ		S HOPKINS				RIPPLE XXX.	
1	MALE	WHITE	THEA	NEVER MARRIED	8. DATE OF BIRTH 2-13-65	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Hours Min.
do	ne during mast af NON	vorking life, even if retired) 1E		NONE	BALTIMORE,		12. CITIZEN OF WHAT COUNTRY?
13	IRWIN				MARCIA	BERENSON	
15. (Y	Was Deceased es,na ar unkna wn NO	Ever in U. S. Armed Fo (If yes, give war ar dat	rces? les of service)	16. SOCIAL SECURITY NO.	17. INFORMANT RIVERSIDE MEM	ORIAL CHAPEL,	ADDRESS BROOKLYN, NEW YOR
	LEADING TO DEATH (This does not mean the made of dying, e.g., head failure, asthenia, etc. II means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION lost.						
	DISEASES C	PR CONDITIONS, if abave cause (A) CONDITION last.	any, giving		ang Heart 7	SECKES	
ATION	DISEASES OF TISE IN THE SIGNITO THE DISEASE OR	PR CONDITIONS, if above cause (A) CONDITION last.	any, giving slaling the CONTRIBUTING ATED TO TH	(C) <u>C</u>		DE Charle	
BTIFICATION	DISEASES OF TISE IN THE SIGNITO THE DISEASE OR	PR CONDITIONS, if a bave cause (A) CONDITION last.	any, giving slaling the CONTRIBUTING ATED TO TH	(C) <u>C</u>	20A. AUTOPSY? (Yes or h	No) 208, IF YES, WERE IN CERTIFYING CAN	FINDINGS CONSIDERED USES OF DEATH?
CAL CERTIFIC	DISEASES CONTINUE OTHER SIGNITO THE DIDISEASE OR 19A. DATE OF 21A. ACCIDEN OR CONTRIBUDEATH (notify	PR CONDITIONS, IF above cause (A) CONDITION last.	any, giving stating the CONTRIBUTING ATED TO TH IT.	C) C.	20 A. AUTOPSY? (Yes or h		FINDINGS CONSIDERED USES OF DEATH? City, give exact lacation)
CAL CERTIFIC	DISEASES OF THE STATE OF THE DISEASE OR TIPA. DATE OF THE DISEASE OR TIPA.	PR CONDITIONS, if abave cause (A) CONDITION last. FICANT CONDITIONS EATH BUT NOT REL CONDITION CAUSING OPERATION 198. COI WAS PE	CONTRIBUTING ATED TO TH IT. NDITION FOR V RFORMED 218. hom etc. Hour) 21E.	PLACE OF INJURY (e.g., in e.g., form, foctory, street, of INJURY OCCURRED	20 A. AUTOPSY? (Yes or P YES n or about 21 C. WHERE DID INJURY OCCUR?	(If in Baltimore	
CAL CERTIFIC	DISEASES CONTINUED THE SIGNITO THE DISEASE OR 19A. DATE OF CONTRIBUTE OF INJURY (APPROX.) 22. I certify that (1) (we)	PR CONDITIONS, if a bave cause (A) CONDITION last. FICANT CONDITION SEATH BUT NOT RELCONDITION CAUSING OPERATION 198. CO WAS PEINT (Manth) (Day) (Year that (1) (this hospital from the causes start)	any, giving slaling the CONTRIBUTING ATED TO TH IT. DITION FOR WARFORMED 218. hom etc.) (Hour) 21E. Whi World attended the dealive an	PLACE OF INJURY (e.g., in e., form, foctory, street, of INJURY OCCURRED le At At Work	20 A. AUTOPSY? (Yes or PYES n or about 21 C. WHERE DID ffice bidg., INJURY OCCUR? 21 F. HOW DID IN	(If in Baltimore	



VS 150-REV. 1/1/65

ANTHONY THE OF

				BALTIMORE CI	TY HEALTH DEP	ARTMENT			
	H NO.	65 616	56	CERTIFIC	ATE OF D	EATH	Registered No	65	6166
	AME OF DECE	ASED				2. DATE A	ND HOUR OF DEAT	Н	
(Тур	o or Print)	ANNA WE	MOFP		JUNE 10, 1965 1:30 P				
3. P	LACE OF DEA				A HISHAL RES	IDENCE (WI	ere deceased lived if	institution; rosi	dence before admis
FULL NAME OF HOSPITAL OR INSTITUTION BELVEDERE NURSING HOME					4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admiss A. STATE B. COUNTY MARYLAND C. CITY OR TOWN (If outside city limits, write RURAL and give lownship) BALTIMORE D. STREET ADDRESS (If rure), give location)				
		2525 W BELVE	DERE AVE	ENUE			SSUS AVENUE		
5. S		6. RACE		NEVER MARRIED , DIVORCED (specify)	B. DATE OF BI		9. AGE (In years lost birthdoy)	Months D	Yr. II Under 24 loys Hours M
	FEMALE	WHITE		IDOWED	12/188		77		
		PATION (Give kind of work	108. KIND OF	BUSINESS OR INDUST	RY 11. BIRTHPLAC	E (State or los	eign country)	12. CITIZE	
dane	HOUSE W	varking life, even if retired) UI FE	AT	HOME	1	RUSSIA			USA
13	FATHER'S NAM		/ 11		14. MOTHER'S		AAAE		
130	TAIREKS NAN	ISRAEL FELL			14. MOTHERS		2		
		ISKAEL FELL			- SF	LENA	•		
		Ever in U. S. Armed For		1 6. SOCIAL	17. INFORMAN	T		A	DDRESS
105	NO	(If yes, give war ar date	o of solvice)	SECURITY NO.	MRS SV	LVAN WO	LPERT 5442	NARCIS	SUS AVE
. ,									
	1B. 170	7 1		CAUSE	OF DEATH				TERVAL BETWEEN NSET AND DEATH
NO	OTHER SIGNIF	CONDITION Iosi,			٨	Jan 10			10
ATIO	DISEASE OR	ATH BUT NOT RELA	T.		100	one			
ERTIFIC		OPERATION 198. CON	DITION FOR W	VHICH OPERATION	20A. AUTOP	SY? (Yes or h	10) 20B. IF YES, WER	E FINDINGS C	ONSIDERED ATH?
U	OR CONTRIBU	T WAS UNDERLYING TING CAUSE OF	21 B. home otc.)	PLACE OF INJURY (o.g. e, loim, foctory, stroet,	, in ar about 21 C. V office bldg., INJUI	WHERE DID RY OCCUR?	(If in Boltim	ore City, give	exact location)
0	21 D. TIME	(Month) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21 F. F	OW DID IN	JURY OCCUR?		
ME	OF INJURY (APPROX.)			le At Not W					
,			Wor		. /			1	
ĺ	22. I certify	that (1) (this haspital	attended th	e degeosed from	Van		1960 ta	VMME/	0 196
	that (I) (aua)	lost saw the decease	d olive on	Vene 9	1965	and t	hot in(my) (aur) o	pinian death	occurred on the
- 1		1/		,				,	
- 4	23A. SIGNAPON	from the causes stot	ed obdive. (I	, (=c) (aia) (did not)	view the body	atter deoth	•	DOD DATE	SIGNED
1	100.00	M W	1	M.D. A	ttending	Med.	Stoff -	23B, DATE	1 10 10
	X	lamel / a	melen	M.D. P	hy s.	Diroctor	Phy s.	1 m	ue 10,19
	23C. PHYSICIAI NAME (Ty	po) \/ /-	MPAKO	V M.E	23D. ADDRESS	Park	Heights	Ave	21215
24A	BURIAL CREA REMOVAL IS BURIA	AATION, 248. DATE 6/11/65		BREW YOUNG M		24D.	BALTIMORE	MARY L	
25A	JUN 14	1965 Poles	258 HAME O	FEGISTRAR	SOL LE	VINSON	& BROS. INC.	6010 RET	ADDRESS ISTERSTOWN
15	150-REV. 1/1/6	5	1 1	(5 0 1)			(WI

IMPORTANT

DIRECTOR:

FUNERAL

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CERTIFICATION

E-2 E-3 E-3	BALTIMORE CITY HEALT		OF DE	EATH Register	red No.	65 6168
E. CASE NO.		16.1	DATE AND	LOUIS SECULOUS	D DEAD	
e or Print) ESTHER	POMERANTZ	2. 1		HOUR PRONOUNCE 8, 1965	D DEAD	9:50 P
Female White WIDOWED, USUAL OCCUPATION (Give kind of work TOR, KIND OF	NEVER MARRIED DIVORCED (specify)	A. STATE Maryl C. CITY OR TOWN Balti D. STREET ADDRESS 6962 D. DATE OF BIRTH	and If outside comore (If rurol, given He:	ve locotion) ights Road 9. AGE (In yeors lost birthd y) 73	RURAL on If Under Months, 1 12. CITIZE WHAT	1 Yr. If Under 24 Hrs. Doys Hours Min.
FATHER'S NAME		14. MOTHER'S MAIDEN NAME				
MORRIS RUBINSTEIN		KAY	1			
WAS DECEASED EVER IN U.S. ARMED FORCES? In a grunknown) (If yes, give wor or dates of service)	SECURITY NO.	MRS. JACK	SIEGEL	5419 CRISM	ADDRESS IER AVI	ENUE
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication, which caused death.) ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(A) Arter DUE TO (B) DUE TO (C)	OF DEATH	: Heart	Disease.		INTERVAL BETWEEN ONSET AND DEATH
TO THE DEATH BUT NOT RELATED TO T DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	************************	20A. AUTOPSY? (Ye		B. IF YES, WERE FIN		

218, PLACE OF INJURY (e.g., in or obout 21C, WHERE DID (If in Boltimore City, give exact location) home, form, foctory, street, office bldg., NJURY OCCUR?

ZIA, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.

ZID TIME (Month) (Do 21D TIME (Month) (Doy)

OF INJURY

(APPROX.) 22.

21 E. INJURY OCCURRED (Hour)

NOT WHILE

21F. HOW DID INJURY OCCUR?

I certify that I held on Inquiry

Inspection X Autopsy Suicide

and that on this bosis, death in my opinian

Undetermined monner

resulted from: Notural couses X Accident

(Year)

Homicide ___

CHIEF MEDICAL EXAMINER M.D. ASSISTANT MEDICAL EXAMINER

DATE SIGNED 6/9/65

SIGNATURE EXAMINER'S NAME (Type)

ACTUAL

Charles S. Petty, M.D.

23C. NAME of CEMETERY or CREMATORY

ASSOCIATE MEDICAL EXAMINER

23D. LOCATION (City, town, or county)

23A. BURIAL CREMATION, 23B. DATE REMOVAL (Specify)
BURIAL

6/10/65

Robert E. Farker

OHEL YAKOV

BALTIMORE

MARYLAND ADDRESS

24A. DATE REC'D BY HEALTH DEPT.

248, NAME OF REGISTRAR

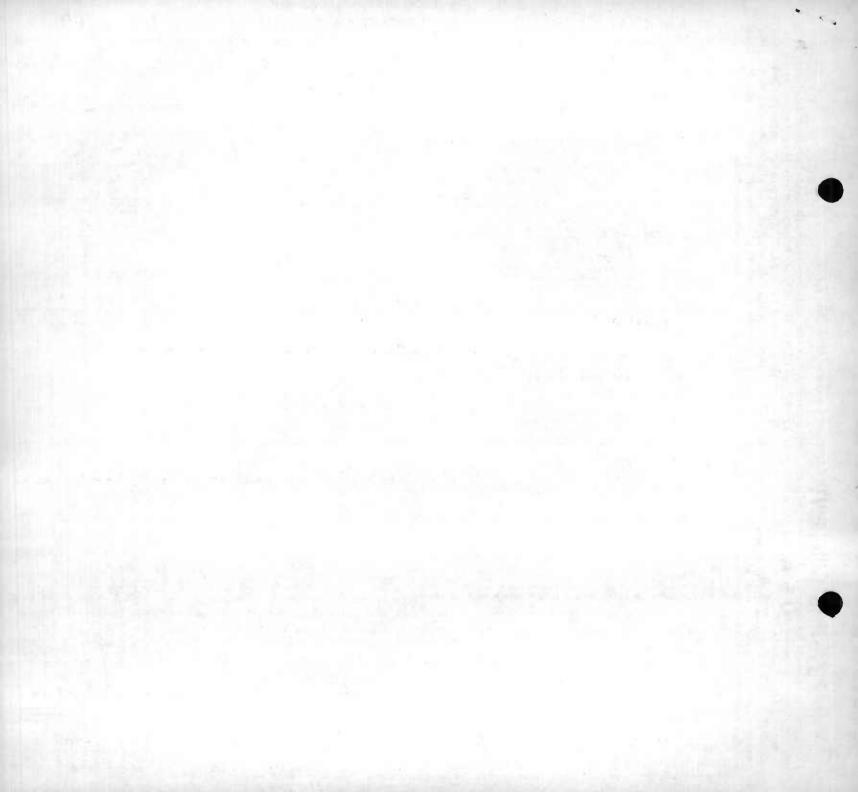
m. WHILE AT

24C. FUNERAL DIRECTOR

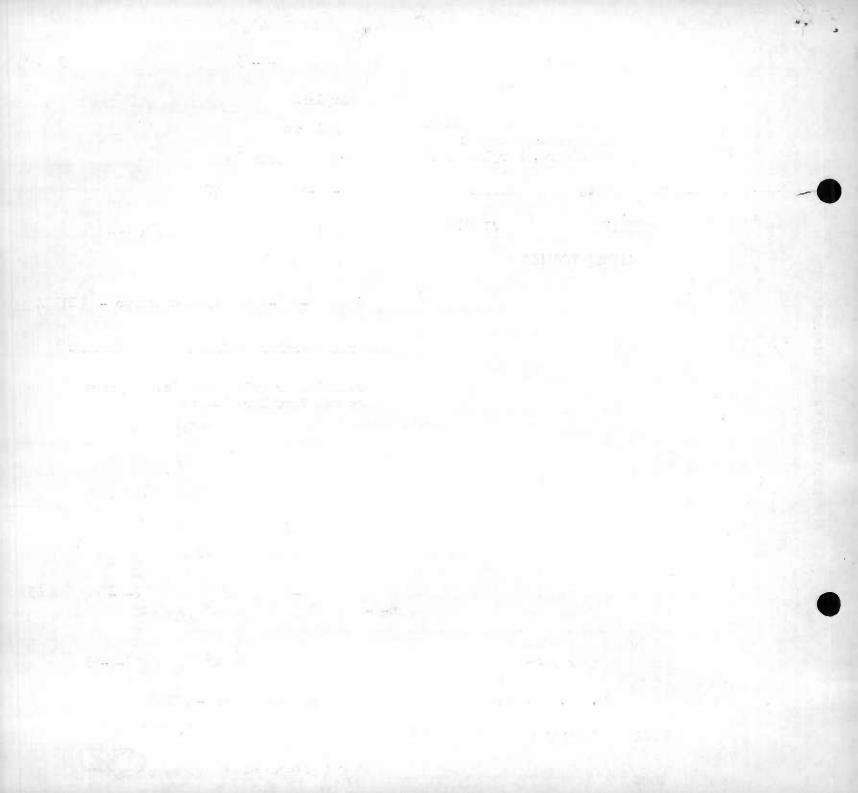
VS 151-REV. 1/1/65

SOL LEVINSON & BROS. INC. 6010 REISTERSTOWN RD

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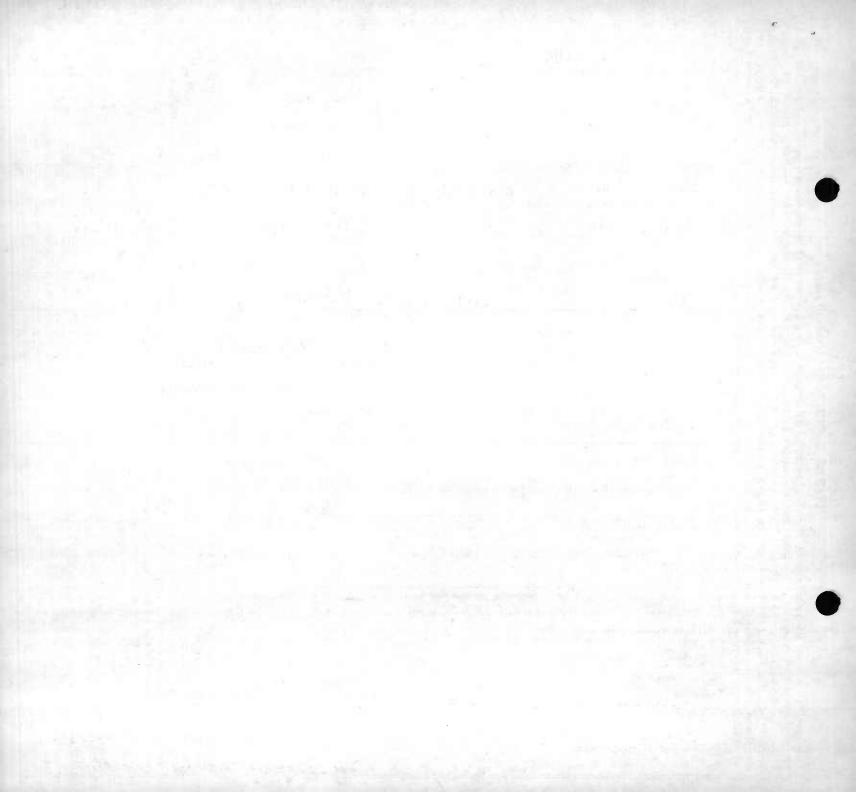
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and eath ased the Such	1, N	AME OF DEC						ND HOUR OF DEA	TH		
			Sophie Berer	RYLAND		TIA LISTIAL RESID	6-8-	-65	f institution toni	3 P	
death.	F	ULL NAME O		or institution, g	ive street	4. USUAL RESIDENCE (Where doceosed lived, If institution A, STATE 8. COUNTY Maryland C. CITY OR TOWN (If outside city limits, write RURAL		139	3alita		
	ii	NOTITUTION	Baltimore		spitals	Baltimo		utside city limits, wri	to RURAL and	givo township)	
3	V	4940 Eastern Avenue						f tural, give location)	W/L	100	
					and #21224	823 Smc	ketre	e Road			
	5. S	EX	6. RACE	7. MARRIED,	NEVER MARRIED DIVORCED (specify)	B. DATE OF BIRT		9. AGE (In yours lost birthdoy)	If Under 1	Yr. If Under 24 loys Hours M	
ı		Female	White	Divord		12-24-8	36	78	TVIO IIIII S	110013	
			UPATION (Give kind of world working life, even if retired)	10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE	(State or fore	oign country)	12. CITIZE	N OF COUNTRY?	
	aone		SEWIFE	AT	HOME	Russia			USA		
ı	13. F	ATHERS NAM			.,,,,,	14. MOTHER'S A	AAIDEN NA	ME	002		
			LIONEL TOPAL	ER		(UNKNOW	V			
	15. V	Vos Decoosed	Ever in U. S. Armed For	rcos?	1 6. SOCIAL	17. INFORMANT			A	DDRESS	
	(Yes	NO or unknown	(If yes, give wer or dete	os of sorvice)	SECURITY NO.	DECODE	DOM: 15			10-0-1	
	-		- 3/.		CAUSE O		-BUH-49	340 Eastern		Avenue - #21224	
ı		18. 44 DISEA	SE OR CONDITION DI	DECTIV	CAUSE	PDEATH				NSET AND DEATH	
ı		DISEA	LEADING TO DEATH	KECILI	Cer	rebral Vas	roller	Accident	ir	stant	
balme		(This does n	nal mean the made of	dying, e.g.,	DUE TO	COLGI VAL	, CULLOLI	WACTOOMA	-tub.	in carro	
			asthenia, etc. It means		100						
			ANTECEDENT CAUSES		(B) Hy	ertensive	Arter	rioscleroti	ic ye	ars	
0		DISEASES C	OR CONDITIONS, if	any, giving	DUE TO	Cerebral \	ascula	ar Disease			
		DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the (C) UNDERLYING CONDITION last.									
		ONDERLINA	3 CONDITION 10SI.								
	ATION	TO THE D	II IFICANT CONDITIONS C EATH BUT NOT RELATED CONDITION CAUSING	ATED TO THE							
	ERTIFIC.		OPERATION 198. CON	DITION FOR W	HICH OPERATION	20 A. AUTOPS	Y? (Yes or N	10) 20B. IF YES, WE	RE FINDINGS C	ONSIDERED ATH?	
	O.	21 A. ACCIDE OR CONTRIBU DEATH (notify	NT WAS UNDERLYING DING CAUSE OF modical examiner	21 B. home otc.)	PLACE OF INJURY (e.g., i e, form, foctory, stroet, o	n or about 21 C. Wi	HERE DID	(If in Boltis	more City, givo	exact location)	
		21 D. TIME	(Month) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21 F. HC	OW DID IN	JURY OCCUR?			
	×	OF INJURY (APPROX.)			Not While	•					
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				ted abave. (l)) (We) (did) (did nat) v	view the bady a	fter death.				
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		101.0	Mach		Phy	s. D	Nod.	Stoff Phy s.	6-8	3-65	
		23C. PHYSICIA	(N'S			23 D. ADDRESS					
				athbun	M.D.	4940 Eas	tern A	venue - #2	1224		
	24A	BURIAL CRE	MATION, 248, DATE		ME of CEMETERY OF CR		24D. 1	LOCATION	(City, town, or		
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	25A		BY HEALTH DEPT.	25B. NAME O		250 PUNERA	LOTRECTO	R	A	ADDRESS	
	1	IIN 1 A	1965 A A &	Q 7. 0	A.M.A	tel 1	Ka TZ	ment B.	(15	KN)	
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IMPORTANT

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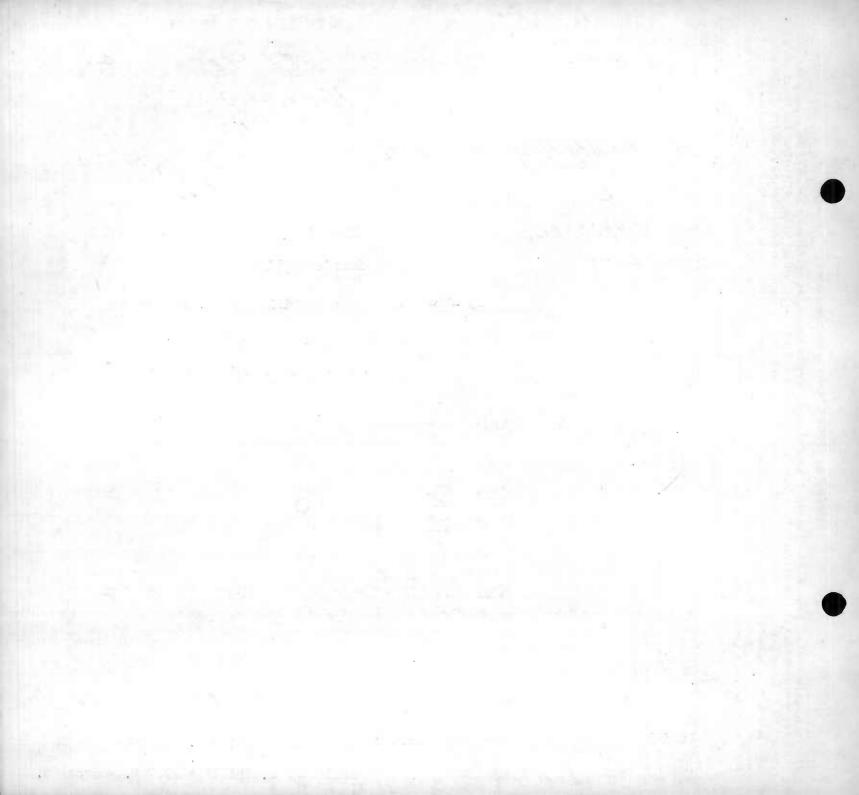


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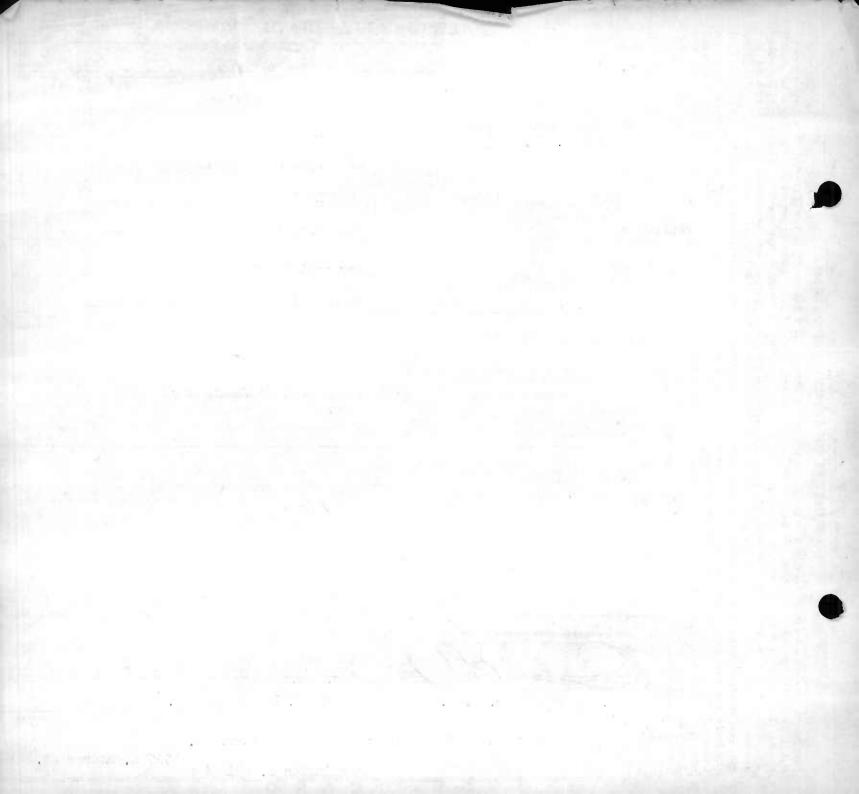
DIRECTOR:

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VS 150-REV, 1/1/65



		6175	CERTIFICA	TE OF DEATH	Registered No	65 61	10
BIRTH NO.	00						
M.E. CASE NO			02/(1///////////////////////////////////				
NAME OF D	ECEASED				AND HOUR OF DEAT		
· ypc 01 · iiiii	/ Edward Gr	oss			June 11, 19	965	3:20 A
. PLACE OF	DEATH IN BALTIMORE, M.	ARYLAND		4. USUAL RESIDENCE (V	here deceased lived. If	institution: residence b	efore odmissi
				A. STATE B. CO	UNIT	T A	
FULL NAME			give street	Maryland			
HOSPITAL O				C. CITY OR TOWN ()f	outside city limits, write	e RURAL and give tow	nship)
	Provider	,		Baltimore			
1	1514 Div	rision S	street	D. STREET ADDRESS	(If rurol, give location)		
/	Baltimor	e. Mary	nand	1617 W. No	rth Avenue		
		- /! -		1			
S EX	6. RACE		NEVER MARRIED D, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)		f Under 24 h
Male	Negro			36 . 1 12 70	100		
	CUPATION Give kind of wo	Marri		March 12, 18	oreign country)	12, CITIZEN OF	i
	of working life, even if retired)			11, 51,111 27, 62 (31010 01)	oreign coonny,	WHAT COUN	TRY?
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3. FATHER'S N		VIIIGT T	OTT DIRET OTTIN	St. Mary Co.	DIELVIEN	USA	
Robert	Gross			Unknown			
5. Was Decens	ed Ever in U. S. Armed Fo	orces?	1 6. SOCIAL	17. INFORMANT		ADDRESS	
res, no or unkna	ed Ever in U. S. Armed Fo wn) (If yes, give war or da	tes of service)	SECURITY NO.				
			212-10-2259	W	7670	TT Manda An	
1B.	0 A /1			Martha Gross	1017	W. North Av	BETWEEN
1 1	8 61		07.032		,		ND DEATH
DISE	ASE OR CONDITION D	IRECTLY	A	10	1.0	10	
		1	1 4 0				8 / 4
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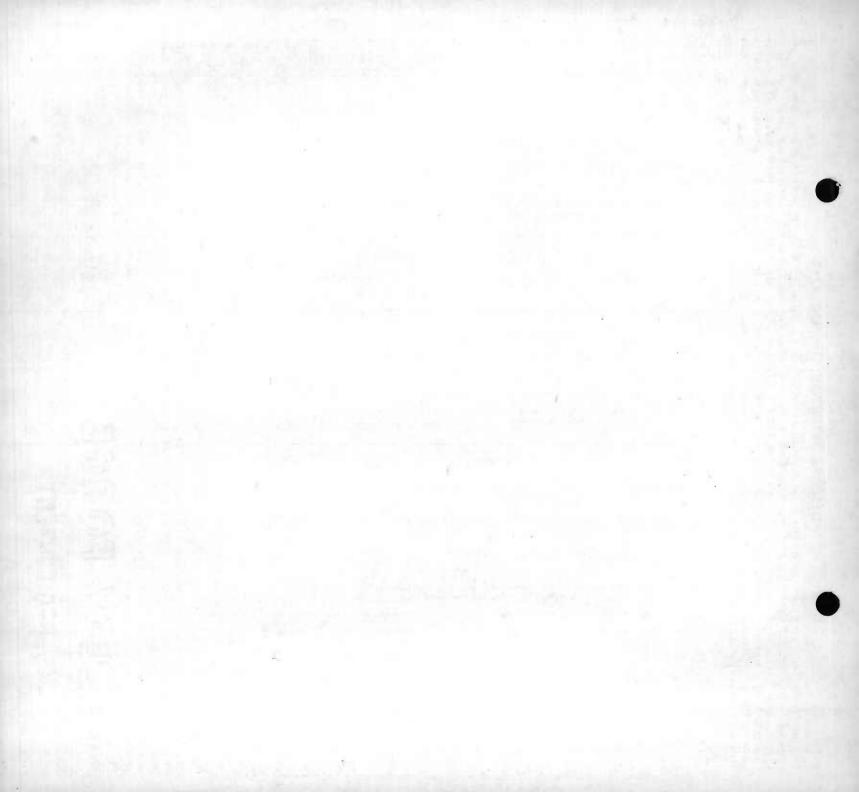
Edward Coloration Rome of the Post of river

John Minsterger

VS 150-REV. 1/1/65

Peptie Weer James 1 Spine Ports 10 11/2000

3 15 1016 65	6179 BALTIMORE	CIT HEALTH DEPARTMENT	
3 BIRTH NO. \$5- 13490 65	CERTIFI	CATE OF DEATH Registered N	0
M.E. CASE NO. 1, NAME OF DECEASED (Type or Print)		2. DATE AND HOUR OF DEA	TH
(Type or Print) Slaucht	er, Baly Boy	6-9-65	9:15 PM
3. PLACE OF DEATH IN BALTIMOR	E MARYLAND	4. USUAL RESIDENCE (Where deceased lived.	f institution: residence before admission)
	0 0	A. STATE B. COUNTY	
HOSPITAL OR oddress or	ospital or institution, give street location)	C. CITY OR TOWN (If outside city limits, wi	te RURAL ond give township)
INSTITUTION		Balto	16-15
Sinci Hora. of	Bo. Ho	D. STREET ADDRESS (If rurol, give location)	10 O B
Dirai Hosp.	. 58. 130	2747 Winchester	St
5. SEX 6. RACE	7. MARRIED, NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
MC	WIDOWED, DIVORCED (special		Months Doys Hours Min.
	of work 108, KIND OF BUSINESS OR INDI		12. CITIZEN OF
done during most of working life, even if r	etired)	Balto.	WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	034
12 2 21 1	a selatar	1.0	1. 6.
11010101	aughter	trancer Assian	iquel
15. Was Deceased Ever in U. S. Am (Yes, no or unknown) (If yes, give wor	or dotes of service) 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS he
No		2747Winchester.	Xt. Ballo.MC
18. 168.57	CAU	SE OF DEATH POS blood	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITIO		C cuchus - Shept	Jan C.
(This does not mean the ma	(A) C	Dapsis-	24 hrs
heart failure, asthenia, etc. 11	means the disease,		,
injury or complication which o		Hypy b: 1: recherencia	48hr
ANTECEDENT CA	DUE TO	Buth	unily T
DISEASES OR CONDITIONS		Prematurity - 1660	cym
UNDERLYING CONDITION IS		å	
_ 11			
O THE SIGNIFICANT CONDITION TO THE DEATH BUT NOT DISEASE OR CONDITION CAU	ONS CONTRIBUTING RELATED TO THE		
DISEASE OR CONDITION CAU	SING IT.	20A. AUTOPSY? (Yes or No) 20B. IF YES, WE	RE EINDINGS CONSIDERS
19A. DATE OF OPERATION 19E WA	CONDITION FOR WHICH OPERATION AS PERFORMED	IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLY	ING 218, PLACE OF INJURY	e.g., in or obout 21 C. WHERE DID (If in Boltin	more City, give exact facation)
OR CONTRIBUTING CAUSE C	home, lorm, foctory, stre	et, office bldg., INJURY OCCUR?	
O 21 D. TIME (Month) (Doy)		21F. HOW DID INJURY OCCUR?	A STATE OF THE REAL PROPERTY.
S OF INJURY		While ["]	
(APPROX.)		Work	1.1
22. I certify that (1) (this ho	spital) attended the deceased from	6/2/ 19 CT to	6/9/ 196
that (I) (we) jast saw the de	ceased alive on 6/9/61	19and that in(my) (aur)	opinian death accurred an the date
and have and fram the cause	s stated above. (1) (We) (did) (did r	at) view the bady after death.	
23A. SIGNATURE			23 B. DATE SIGNED
S. Seidman	M.D.	Attending Med. Stoff Phys. Director Phys.	6/9/65
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	1/
Sidney Seil	IMAN)	M.D. Sinai Hosp. of	Balk
24A. BURIAL CREMATION, 24B. DA	ATE 24C. NAME/OF CEMETERY		(City, town, or county) (Stote)
REMOVAL (Specily)	a complet // N	b-unni palta	m.
SMAR 6-1	2-65 PULLULA 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS ON
	E Farley MM	Will Diman Books #	(Inne Mil
	ent E , Volubeur la	william resett	would-11/c
VS 150-REV. 1/1/65	the second second		



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DIRECTOR:

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VS 151-REV. 1/1/65

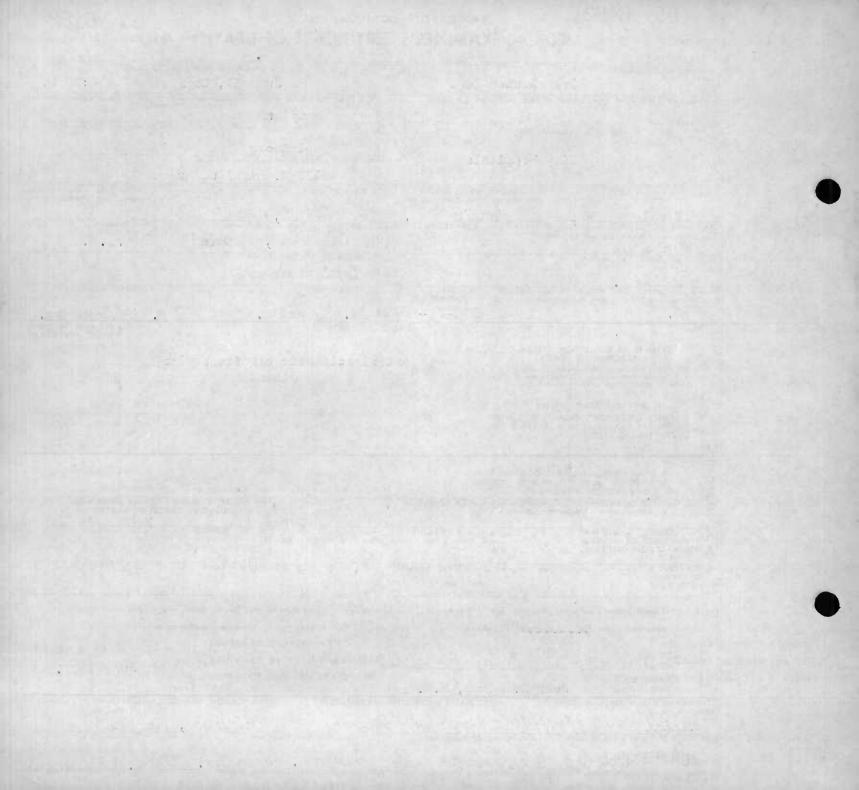
M.E. CASE NO. 1. NAME OF DECEASED		3 CERTIFICATE C	F DEATH Registered N	a
IL HAME OF DECEASED		2. DAT	E AND HOUR PRONOUNCED DE	AD
(Type or Print)	Masci			1:20P M.
3. PLACE IN BALTIMORE, MARYLAND, W		4. USUAL RESIDENCE (V	June 11, 1965 Where deceased lived. If institutions	residence before admission)
		A. STATE Mary	vland B. COUNTY	
FULL NAME OF (IF NOT IN HOSPIT ADDRESS OR LOCAL	AL OR INSTITUTION, GIVE STRE	C. CITY OR TOWN (IF	outside corporate limits, write RURA	AL ond give township)
INSTITUTION			timore	-/11
City Hospital	S	D. STREET ADDRESS (III	The state of the s	
oze, nespzeuz				
5. SEX 6. RACE	7. MARRIED, NEVER MARRIED		E. Baltimore Str	Jnder 1 Yr. If Under 24 Hrs.
	WIDOWED, DIVORCED (specify)	9. AGE (In years If U	ths Doys Hours Min.
Male White	Married	12/26-81	83	
tOA, USUAL OCCUPATION (Give kind of wordone during most of working life, even if retired)	k OB. KIND OF BUSINESS OR IN	DUSTRY 11. BIRTHPLACE (Stote of	foreign country) 12. (SHIZEN OF WHAT COUNTRY?
Stone mason		Scoppito I	talv I	taly
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
Giacomo Masci		Cristina G	i ammari a	
5. WAS DECEASED EVER IN U.S. ARMED		17. INFORM ANT	ADD	PRESS
Yes, no or unknown) (If yes, give wor or dote				
no	512-15-	9924 Fannie Ma	sci 3122 E.Bal	timore St.
1B. 4		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DE	RECTLY			ONSET AND DEATH
LEADING TO DEATH	Ι Δ	Arteriosclerotic (endiovascular Dis	ease
(This does not meon the mode of heart failure, asthenia, etc. It means	dying, e.g., the discose,)	COMPLETE AND	
injury or complication which coused	deoth.)			
ANTECENDENT CAUS	E \$			
DISEASES OR CONDITIONS, IF A	(R)			
RISE TO THE ABOVE CAUSE (A) S UNDERLYING CONDITION LAST.	TATING THE			
	(C)		~~~~	
	(C)			
	(C)			
O THE SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RE	CONTRIBUTING	Carcinoma of p	pancreas	
OF THE SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RE	CONTRIBUTING LATED TO THE G IT.			SS CONSIDERED
O THE DEATH BUT NOT RE	CONTRIBUTING LATED TO THE G IT.	N 20A, AUTOPSY? (Yes o	DANCTEAS 1 No) [20B. IF YES, WERE FINDING IN CERTIFYING CAUSES OF	
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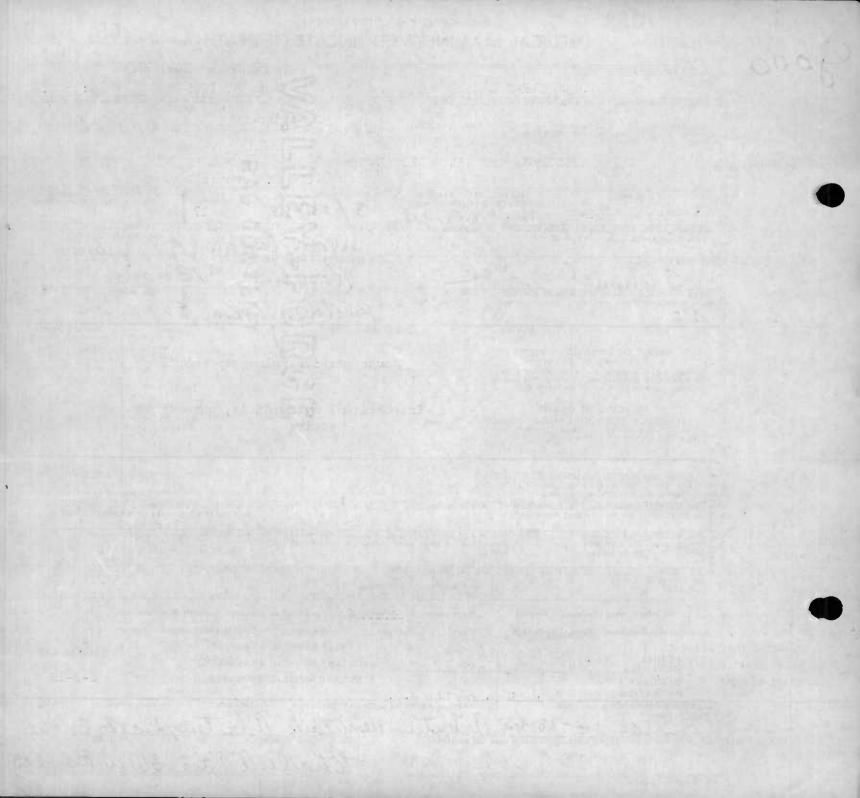
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M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR PRONOUNCED DEAD
(Type or Print)
FIVE LOUISE CART LINE II IND II IND A 4.70 P
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admiss B. COUNTY
Marvland
FULL NAME OF HOSPITAL OR IN HOSPITAL OR INSTITUTION, GIVE STREET C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
IN STITUTION
City Hospitals Baltimore D. STREET ADDRESS (If rurol, give locosion)
122 N. Highland Avenue
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE fln yeors If Under 1 Yr. If Under 24 WIDOWED, DIVORCED (specify) Months, Doys, Hours, N
most report of the second
Female White Married October 21, 1924 40 100A. USUAL OCCUPATION (Give kind of work 108. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole of foreign country) 12. CITIZEN OF
done during most of working life, even if retired)
110 USEWLLE
13. FATHER'S NAME
William E. Stump. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.
No. 218-18-9013 Mr. Robert P. Zapf 122 N. Highland Ave
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Arteriosclerotic cardiovascular (A) Arteriosclerotic cardiovascular (A) DUE TO (B) DUE TO (B) DUE TO (C) DUE TO (A) Arteriosclerotic cardiovascular (B) DUE TO (C) DUE TO (D) TO
WAS PERFORMED YES WAS PERFORMED YES WAS PERFORMED
21A. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exoct locotion)
UNDERLYING OR CONTRIB- CAUSE OF DEATH. Contribution Contribu
21D TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY (APPROX.) WHILE AT NOT WHILE AT WORK
22.
resulted from: Natural causes X Accident Suicide Homicide Undetermined manner
CHIEF MEDICAL EXAMINER
DATE SIGNE
SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 12 100
EXAMINER'S/ ASSOCIATE MEDICAL EXAMINER
NAME (Type) John E. Adams, M.D.
23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY of CREMATORY 23D. LOCATION (City, town, or county) (State
REMOVAL (Specify)
REMOVAL (Specify)
REMOVAL (Specify) Burial 6/15/1965 Oak Lawn Cemetery Baltimore, Maryland 24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR 24C. FUNERAL DIRECTOR ADDRESS
REMOVAL (Specify)

1 9 5 5 9 0 0 5 6 9 0

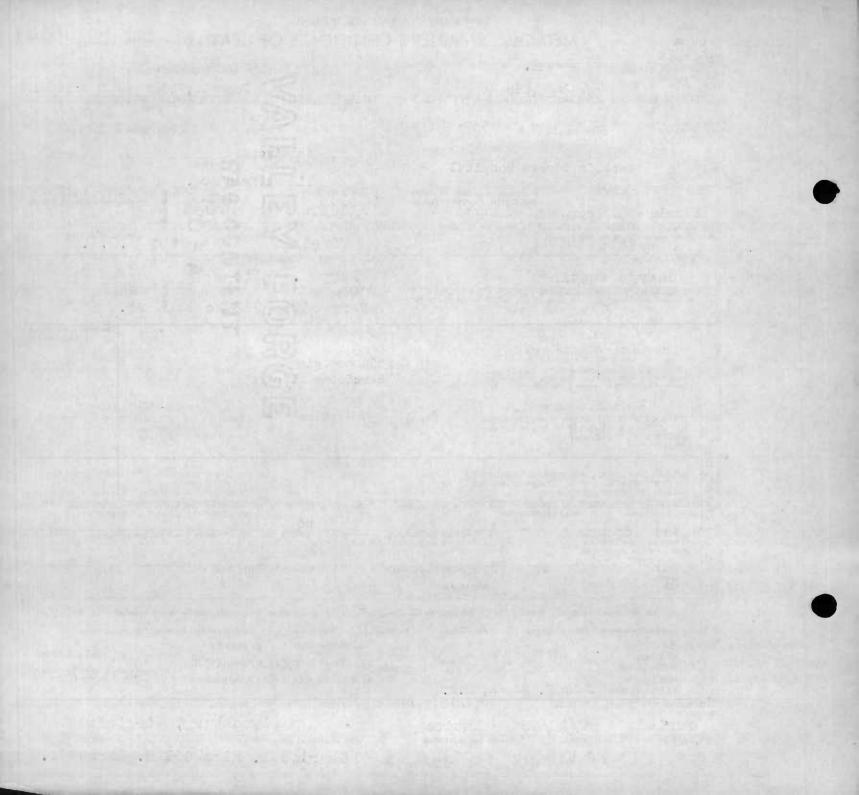


Female Negro News married 3/25/48 lost birthdoy! 17 IOA. USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) Wayland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Summed Alee Totaline 1300.	8:26 A.M. residence before odmission
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Maryland C. CITY OR TOWN (If outside corporate limits, write RURA NSTITUTION) SOUTH BALTIMORE GENERAL HOSPITAL SOUTH BALTIMORE GENERAL HOSPITAL SOUTH BALTIMORE GENERAL HOSPITAL Baltimore Baltimore D. STREET ADDRESS (If rural, give locotion) 824 S. Hanover Street Widowed, Divorced (specify) Negro No. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. Co. Was deceased ever in U.S. Armed Forces? 16. SOCIAL 17. INFORMANT ADD Maryland C. CITY OR TOWN (If outside corporate limits, write RURA Baltimore Baltimore 8. Date of Birth 9. AGE (In yeors 11. Unstant) 19. AGE (In yeors 11. Unstant) 10. STREET ADDRESS (If rural, give locotion) 824 S. Hanover Street 10. STREET ADDRESS (If rural, give locotion) 824 S. Hanover Street 10. STREET ADDRESS (If rural, give locotion) 824 S. Hanover Street 10. STREET ADDRESS (If rural, give locotion) 824 S. Hanover Street 10. STREET ADDRESS (If rural, give locotion) 824 S. Hanover Street 10. STREET ADDRESS (If rural, give locotion) 824 S. Hanover Street 10. STREET ADDRESS (If rural, give locotion) 824 S. Hanover Street 10. STREET ADDRESS (If rural, give locotion) 824 S. Hanover Street 10. STREET ADDRESS (If rural, give locotion) 824 S. Hanover Street 10. STREET ADDRESS (If rural, give locotion) 824 S. Hanover Street 10. STREET ADDRESS (If rural, give locotion) 824 S. Hanover Street 10. STREET ADDRESS (If rural, give locotion) 824 S. Hanover Street 10. STREET ADDRESS (If rural, give locotion) 825 S. Hanover Street 16. SOCIAL MARKIED 17. INFORMANT 18. DATE OF BUSINESS (If rural, give locotion) 19. AGE (In yeors 11. U.S. AGE (In yeors 11.	Inder 1 Yr. If Under 24 Hrs. ths. Doys Hours Min.
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Summel Lee Rosaline Boo. 5. WAS DECEASED EVER IN U.S. ARMED FORCES? 116. SOCIAL 17. INFORMANT A ADD	
	ne
res, no or unknown, Ill yes, give wor or dotes of service) SECURITY NO.	RESS
	1. Name
NO Idealice faction of 27.	2 1/ June
18. 422 CAUSE OF DEATH	INTERVAL SETWEEN
	ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	
LEADING TO DEATH (A) Acute massive pulmonary embolism	
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	
injury or complication which coused death.)	/
ANTECENDENT CAUSES Interstitial myocardities chronic	
DISFASES OR CONDITIONS IF ANY GIVING	
RISE TO THE ABOVE CAUSE (A) STATING THE ACCLIVE	
UNDERLYING CONDITION LAST.	
OF CO	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No) 20B. IF YES, WERE FINDING	S CONSIDERED
WAS PERFORMED Yes IN CERTIFYING CAUSES OF	
Yes	
	ct locotion)
UTING CAUSE OF DEATH.	
5	
[21D HATE (Month) (Doy) (Teo) (Houlf 21E. HAJORI OCCORRED 121F. HOW DID HAJORI OCCOR:	
OF INJURY	
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(APPROX.) m. WHILE AT NOT WHILE 22.	nion
(APPROX.) m. WHILE AT NOT WHILE AT WORK 22. 1 certify that I held on Inquiry Inspection Autopsy and that on this basis, death in my opi	nion
CAPPROX.) WHILE AT NOT WHILE 22. 1 certify that I held on Inquiry Inspection Autopsy ond that on this basis, death in my oping resulted from: Notural couses Accident Suicide Homicide Undetermined manner	nion
CAPPROX.) WHILE AT NOT WHILE 1 certify that I held on Inquiry Inspection Autopsy ond that on this basis, death in my oping the solution of the	
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CAPPROX.) WHILE AT NOT WHILE	DATE SIGNED 6-8-65
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Capprox.) While at Not while At work	DATE SIGNED 6-8-65
Capprox.) White at Not white Not work Not wor	DATE SIGNED 6-8-65 or county) (Stote) PLIO. Co. Md. ADDRESS
CAPPROX.) WHILE AT NOT WHILE	DATE SIGNED 6-8-65 or county) (Stote) PLIO. Co. Md. ADDRESS
CAPPROX.) WHILE AT NOT WHILE	DATE SIGNED 6-8-65



VS 151-REV. 1/1/65

BIR	TH NO.	WED	ICAL EX	CAMINER'S	LEKI	IFICATE C	Jr Dt	A H Register	d No.		2.4
-	E CASE NO.										
1. (Ty	Pe or Print)	CEASED			74.	2. DAT	TE AND H	HOUR PRONOUNCE	DEAD		
		Thelma	King				Ju	ne 12, 196	5	9:10	P.M.
		IMORE MARYLAND, W			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission B. COUNTY Maryland						
HI	STITUTION	ADDRESS OR LOCA		JTION, GIVE STREET	C.			piporote limits, write	RURAL ond gi	ve townsh	hip)
K	1	Franklin Squa	are Hosp	ital	D. 5	Balti:		e locotion)		0 -	-0 -
							lc Kea	n Ave.			
5.	Female	6. RACE Negro		NEVER MARRIED DIVORCED (specify)		11/05		9. AGE (In years lost birthday) 5 9 5	If Under 1 Yr Months Doys		
104		UPATION (Give kind of wor			-		r foreign c		12. CITIZEN O	F	!
	e during most of	working life, even if retired)	Now MIND OF	BOSINESS ON INCOST		Virginia		001111,97	WHAT CO	UNTRY?	
13.	FATHER'S NAM	A E				OTHER'S MAIDEN					
	Geor	ge Austin]	Mary M. W	Thite				
	WAS DECEASE	D EVER IN U.S. ARMED		16. SO CIAL	17. IN	IFORMANT			ADDRESS		
(Ye	s, no or unknown	(If yes, give wor or dote	es of service)	SECURITY NO.	Ma	ary Pitts	912	McKean A	lve.		
	1B.	75 0		CAUS	SE OF	DEATH	200			RVAL BE	
	DISEA	SE OR CONDITION D	RECTLY						OIV.	EI AND	DEATH
		LEADING TO DEATH	1	(A) Car	cinc	matosis					
	heart failure,	not meon the mode of osthenio, etc. It meons	s the diseose,	DILE TO	carc	inoma of o	varv	***************************************			
	injury or co	mplication which coused	deoth.)								
	A	ANTECENDENT CAUS	ES								
	DISEASES	OR CONDITIONS, IF	NY, GIVING	DUE TO							
		E ABOVE CAUSE (A) S	IA IING THE								
∥z				(C)							
		II								1111	
ERTIFICATION	OTHER SIG TO THE DISEASE O	NIFICANT CONDITIONS DEATH BUT NOT RE	LATED TO T						••••••		
CERT	19A. DATE OF	OPERATION 198, CON	NDITION FOR	WHICH OPERATION	20			CERTIFYING CAUSE			
1	21 A. EXTERNA	L CAUSE WAS	21 B.	PLACE OF INJURY (e.g.	. in or	no	DID (If i	n Boltimore City, give	e exact location	n)	
EDIC,	UNDERLYING	OR CONTRIB-	home etc.)	, form, foctory, street,	office	bidg., INJURY OCCL	J R?				
Σ	21D TIME OF INJURY	(Month) (Doy) (Yea	r) (Hour) 2	TE. INJURY OCCURRED		21F. HOW DIE	DINJURY	OCCUR?			
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	resul	ted fram: Natural co	uses X	Accident Suici	ide	Hamleide		letermined manner			
	4.0001	11-	r 1	0		CHIEF MEDICA			D	ATE SIC	SNED
	SIGNAT		2. 40	Com M.	D. ASS	ISTANT MEDICA	L EXAM	AINER X			
	EXAMIN NAME (IER'S	. Adams,	M.D.	ASS	OCIATE MEDICA	AL EXA	MINER	June	13, 1	1965
	A. BURIAL CRE	MATION, 238. DATE		C. NAME OF CEMETERY	or CRE	MATORY	23 D. LOC	ATION (City,	lown, or county) ((Stote)
RE	Buria:		65	Antioch			Lyne	hburg, V	irgini	a	
24	A. DATE REC'D	BY HEALTH DEPT.	248, NAME	OF REGISTRAR		24C. FUNERAL DIRE		COLUMN TO A	ADDR		
		JUN 1 4 1965	Robert	E. Farbura		Charles	A. F	Rice 661	W. Bar	re S	t.



and

hospital

death

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DIRECTOR:

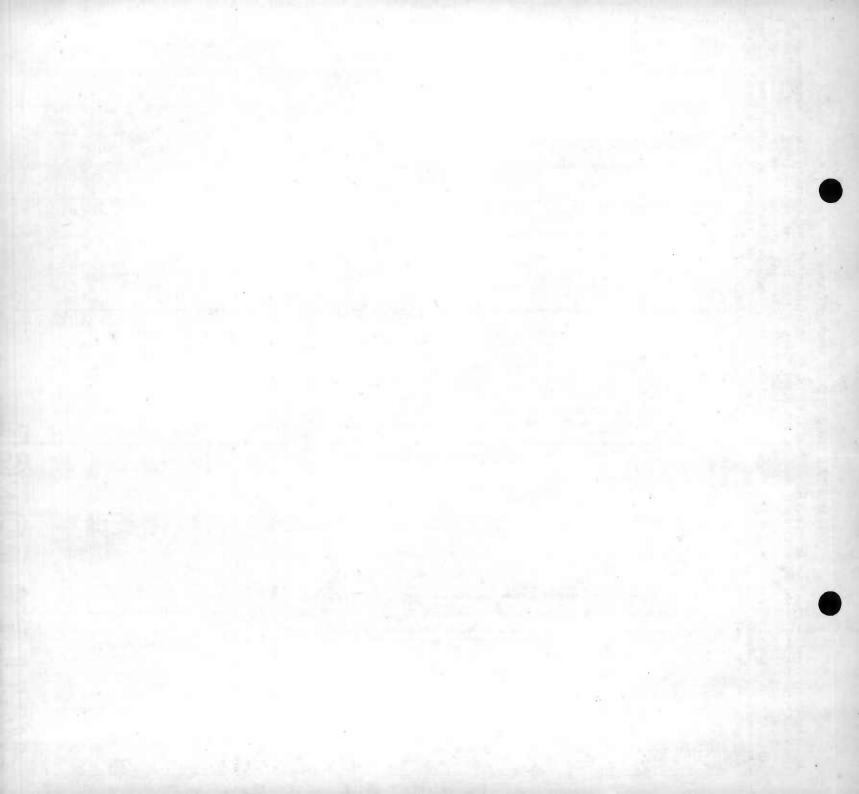
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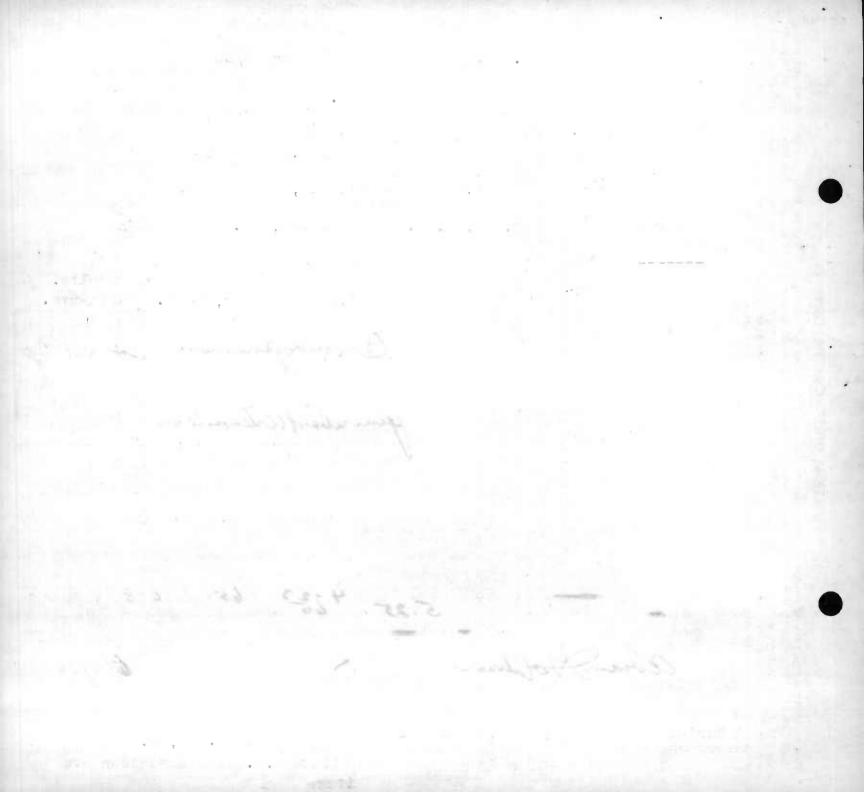
VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

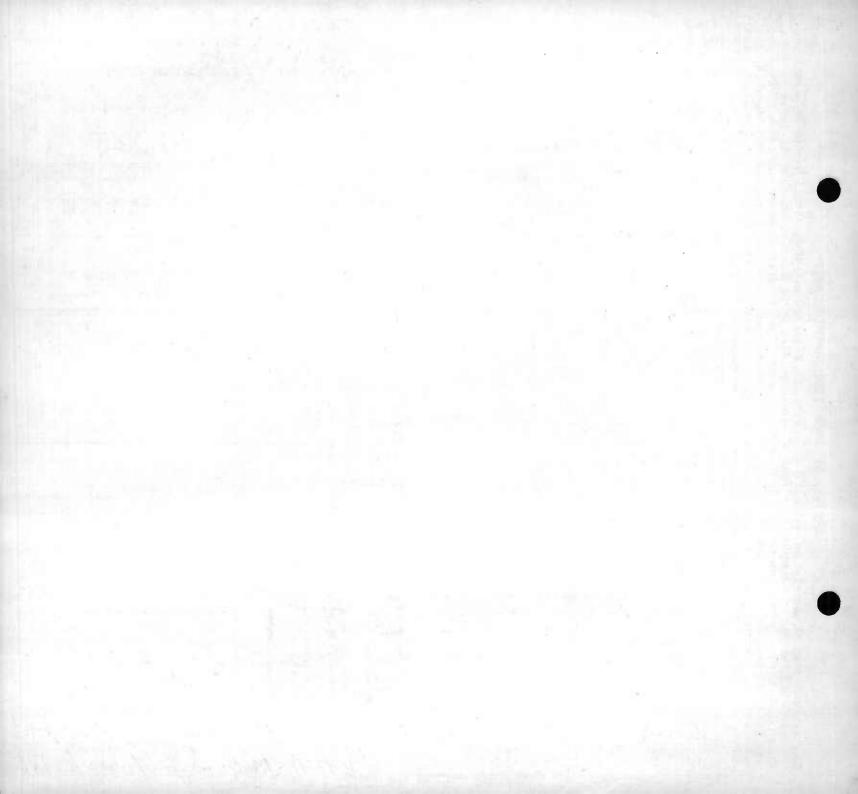
If Under 24 Hrs.



VS 150-REV. 1/1/65



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3.		ATH IN BALTIMORE, MA			A. STATE	B. COUNT	deceased lived. If Y	institution: resident	e before odmis
	HOSPITAL OR)F ((f not in hospito) oddress or locotio		ve street		(and	ide city (imits, write	RURAL ond give	township)
P	INSTITUTION	ERSITY			Ann	rapolis		321	1
		1 tes	SPITAL	- /	D. STREET AC		ro(, give location)	Frut	
5	BALTI SEX	MORE:		NEVER MARRIED	B. DATE OF BI	Jeffe	AGE (In years		If Hadas 24
	C	1.1	WIDQWED,	DIVORCED (specify)	1 2	1/ 10	st birthdoy)	If Under 1 Yr. Months Ooys	Hours M
		UPATION (Give kind of worworking life, even if retired)	1 -	1	11. BIRTHPLAC	E (State or foreig	n country)	12. CITIZEN O	F UNTRY?
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13	FATHER'S NAM					MAIDEN NAM			
	treo	Me Even	>		C	evan Fra	of the state of th		
15 (Y	. Was Deceased	Ever in U. S. Armed Fo	rces?	6. SOCIAL SECURITY NO.	17. INFORMAN		1	ADDI	
1	1/0	, , , , , , , , , , , , , , , , , , , ,		JECONIII NO.	Hus	bound	James 1	tarrison !	same
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		SE OR CONDITION DI	RECTLY	0	1. 0				
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	heort foilure,	asthenia, etc. It means	the disease,	001.10		rupta	hred	7	
		nplication which caused ANTECEDENT CAUSES		(B)					
		OR CONDITIONS, if		OUE TO					
1	rise to the	e abave cause (A)		(C)	.,				
NOIL	UNDERLYING	G CONDITION last.							
ATION	OTHER SIGNI	IFICANT CONDITIONS (DEATH BUT NOT RELA CONDITION CAUSING	ATED TO THE						
CEPTIFICA	19A. DATE OF	OPERATION 198. CON	IDITION FOR W	HICH OPERATION			208. IF YES, WERE	FINOINGS CONS	DERED?
163	21A ACCIDE	NT WAS UNDERLYING		enderal and		VHERE DID	(If in Boltima	re City, give exoc	(acation)
I	OR CONTRIBL	UTING CAUSE OF	home etc.)	LACE OF INJURY (e.g., , form, foctory, street,	office bldg., INJU	Y OCCUR?	ti in bottimo	ie wily, give exoc	(00011011)
-)	(Month) (Doy) (Year)		INJURY OCCURRED	215 1	IOW DID INJU	BY OCCUP?		
7	OF INJURY	(Addition (Doy) (Teen)	While	At Not Wh	le 🗀	O W DID INJU	KI OCCOR?		
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AAENI	that (I) (we)	last sow the deceased from the causes sta	ed olive an	6	7 19 6	and the	t in(my) (aur) ap		
AAFNI	and haur and	d fram the causes sta	ed olive an ted abave. (I)	(We) (did) (did not)	19 6 view the bady	after death.		238. DATE SIGI	NED
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AFDI	that (I) (we) and haur and 23A. SIGNATU (L) CUTE 23C. PHYSICIA NAME (T THAVAT	last sow the decease d from the causes sta JRE LITTLE LINTS TOTAL MATION, 248. DATE	ed olive an ted abave. (1)	(We) (did) (did not) Wire M.D. A PH HIRAN M.D. ME OF CEMETERY OF C	19 6 view the bady lending 23D. ADDRESS UNIVE	Med. Director 24D. 19	Itorpu'ten	238. DATE SIGI	165- 65-
MEDI	and hour and 23A. SIGNATU 23C. PHYSICIA NAME IT THAVAT BA. BURIAL CRE REMOVAL BUTIZ	I last sow the decease d from the causes sta JRE LIVER LIVE LI	ed olive an ted abave. (1) your all VG V O & 1 24C. NAI	(We) (did) (did not) WIVEL M.D. A PH HIRAN M.D. ME of CEMETERY of C	19 6 view the bady tending [23D. ADDRESS UNIVE	Med. Director 24D. 10	Itorpi te	238. DATE SIGN 6-8-	165- 65-
WED	and hour and 23A. SIGNATU 23C. PHYSICIA NAME IT THAVAT BA. BURIAL CRE REMOVAL BUTIZ	last sow the decease d from the causes sta JRE LITTLE LINTS TOTAL MATION, 248. DATE	ed alive an	(We) (did) (did not) WITH M.D. A PH HIRAN M.D. ME of CEMETERY OF C HIRAN ERGISTRAR	19 6 view the bady tending [23D. ADDRESS UNIVE	Med. Director 24D. 19	Itorpu'ten	238. DATE SIGN 6-8-	165- 65-



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WILLIAM O RANDLETT

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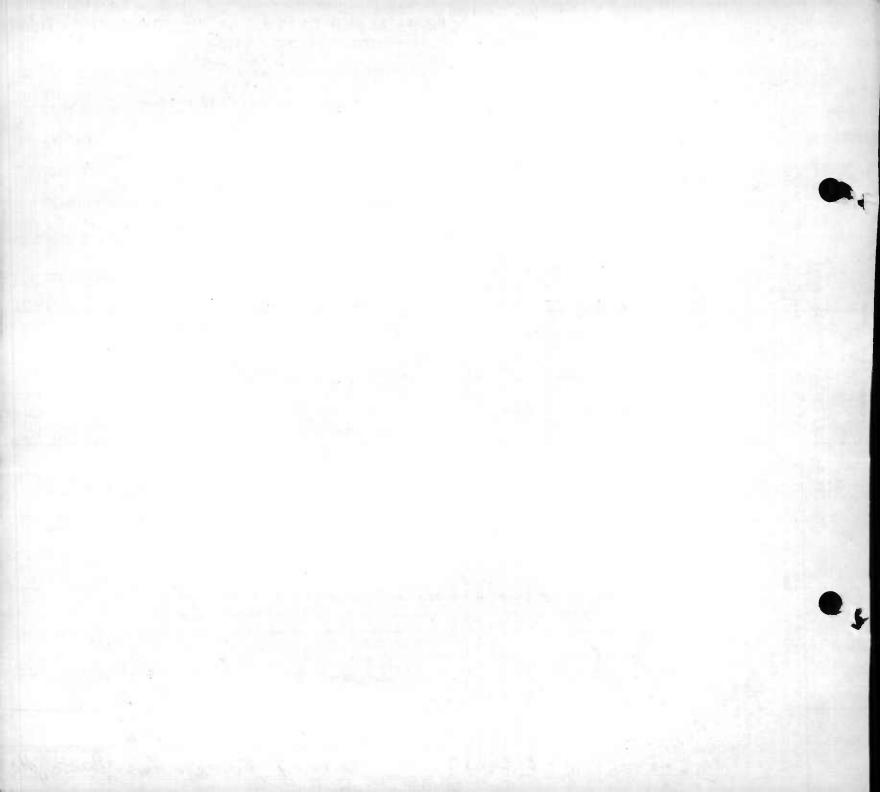
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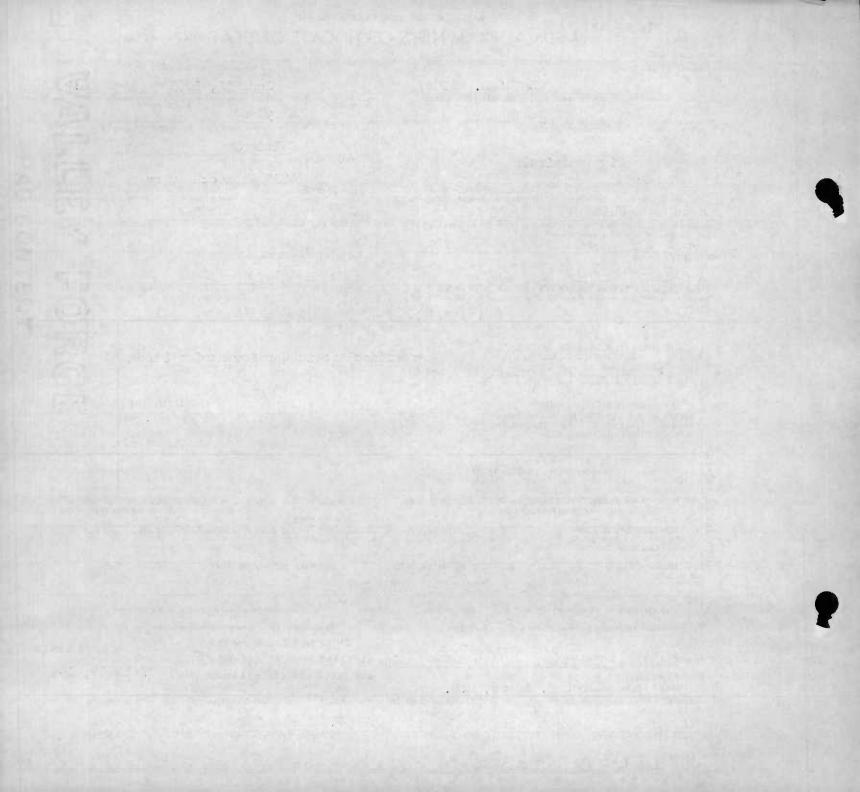
DIRECTOR:

FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT



BIRTH NO. MEDICAL EXAMINER'S	CERTIFICATE OF DEATH Registered No.
M.E. CASE NO.	
1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR PRONOUNCED DEAD
CLAUDE S. WRIGHT	June 12, 1965 4:03 A _M .
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
HOSPITAL OR ADDRESS OR LOCATION)	C. CITI OK TOWN (If outside corporate limits, write KUKAL and give township)
	Baltimore Co
City Hospitals	D. STREET ADDRESS (If rurol, give locotion)
	4253 Shamrock Avenue
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify)	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr, If Under 24 Hrs. Months, Doys, Hours, Min.
Male White MARTIED	SEPT 29-1909 55
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
PAUS DRIVER TRANSIT CO	UIRGINIA 14. MOTHER'S MAIDEN NAME
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
ROBERT E. L. WRIGHT	GRACE TAYLOR
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown),(If yes, give wor or dotes of service) SECURITY NO.	17. INFORMANT ADDRESS
	6 mas 11 - 11 147.6. 112 - 12 - 12 - 12 - 12 - 12 - 12 - 12
18. (CAL	9 MRS ANNA WRIGHT 4253 SHAMROCK
	ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Arte	riogalaratia Cardiarragarlar Disassa
(This does not meon the mode of dying, e.g., heart failure, astherio, etc. It means the disease,	riosclerotic Cardiovascular Disease
injury or complication which coused death.)	
ANTEGENIDENT CAUCEG	
ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING OUE TO	
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	yes yes
✓ 21A, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- 21B, PLACE OF INJURY (e.	.g., in or about 21C, WHERE DID (If in Boltimore City, give exact location) t, office bldg., INJURY OCCUR?
UNDERLYING OR CONTRIB-	,
21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRE	ED 21F. HOW DID INJURY OCCUR?
(APPROX.) WHILE AT NO	OT WHILE [
m. WORK AT	WORK
I certify that I held an Inquiry Inspection	Autopsy 🔀 and that an this basis, death in my apinian
resulted fram: Natural causes 🔀 Accident 🗌 Suid	cide Hamicide Undetermined manner
Λ , Λ	CHIEF MEDICAL EXAMINER
ACTUAL John & Allen	AD. ASSISTANT MEDICAL EXAMINER X
SIGNATURE MEXAMINER'S	ASSOCIATE MEDICAL EXAMINER June 12, 1965
NAME (Type) John E. Adams, M.D.	ASSOCIATE MEDICAL EXAMINER
23A. BURIAL CREMATION, 23B. DATE . 23C. NAME of CEMETER	RY or CREMATORY 23D. LOCATION (City, town, or county) (State)
REMOVAL (Specify) PUT (1 () () () () () () () () ()	AE ENITH ALITHMAN AS MI
TAA DATE SEC'D BY HEALTH PERT 1248 NAME OF DEGISTRAD	OF FAITH BALTIMORE CO. MU
240 NAME OF REGISTRAN	ADDRESS
JUN 14 1965 P. O. R. E. Farburt	DLLRICH FUNERAL HOME 4210 BELAN
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IMPORTANT

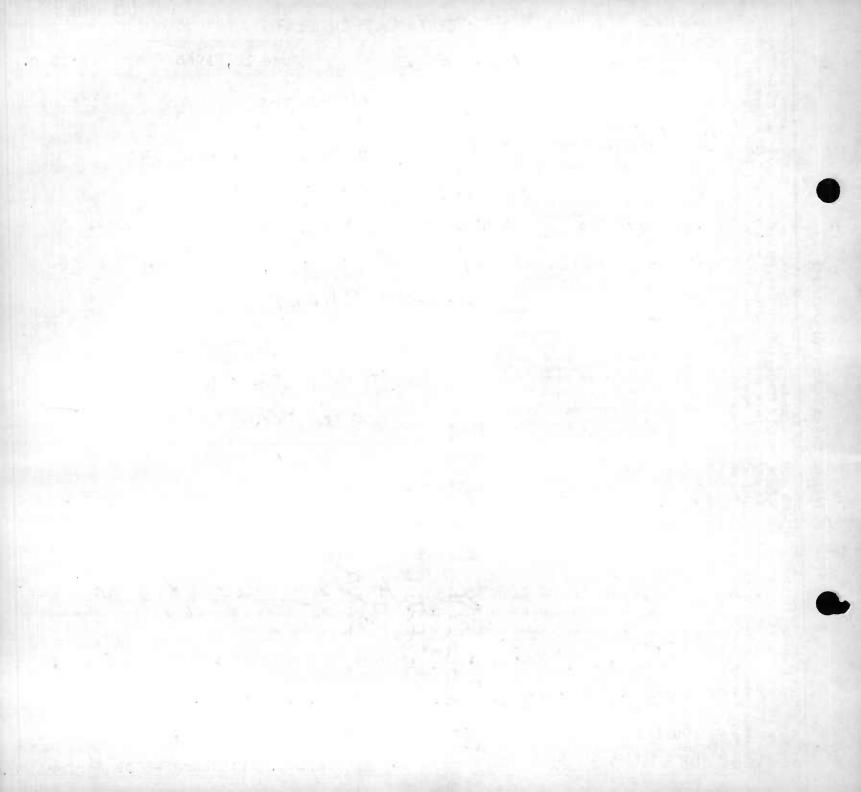
FUNERAL DIRECTOR:

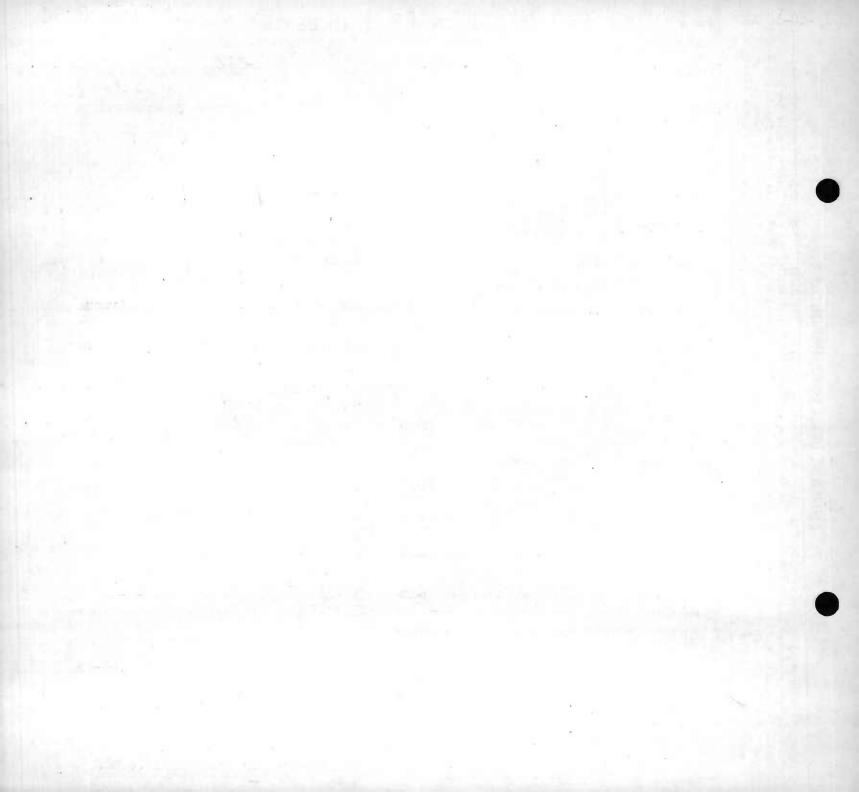
BALTIMORE CITY HEALTH DEPARTMENT

Marriage Record from Balto. City 7-23-65 M.H. IMPORTANT

FUNERAL DIRECTOR:

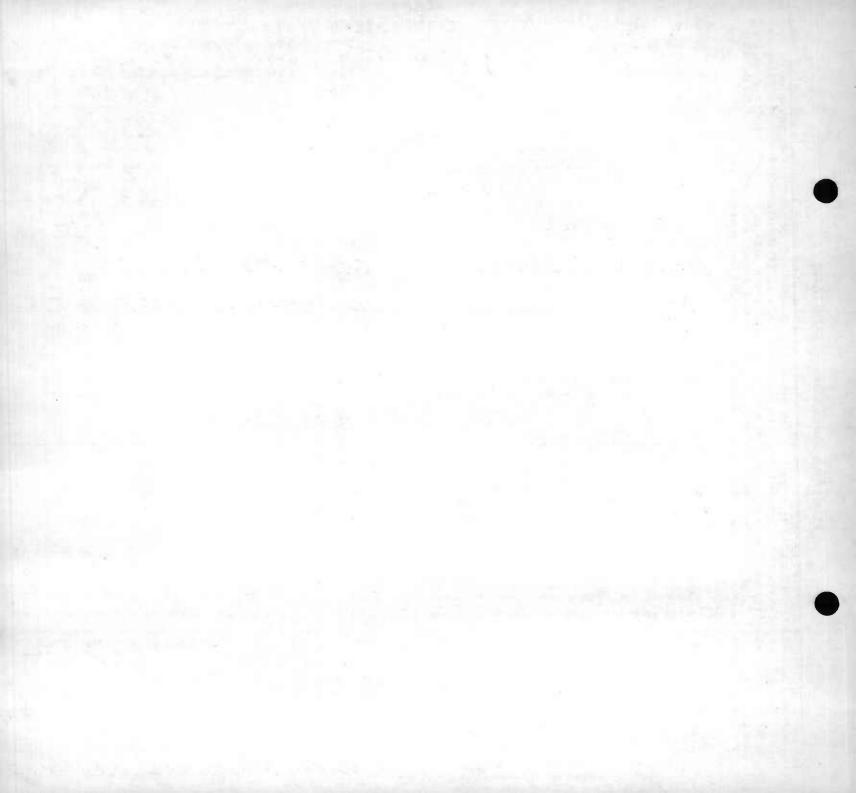
BALTIMORE CITY HEALTH DEPARTMENT





IMPORTANT FUNERAL DIRECTOR:

(If outside city limits, write RURAL and give township) If Under 24 Hrs. Hours WHAT COUNTRY? INTERVAL BETWEEN ONSET AND DEATH 208. IF YES, WERE FINDINGS CONSIDERED (If in Boltimore City, give exact location) ond that in (my) (our) opinion death occurred on the date (City, town, or county) VS 150-REV. 1/1/65



BIRTH NO.	MEDI	CAL EX	CAMINER'S CE	RTIFICAT	TE OF	DEATH Registe	red Na.		
M.E. CASE NO.	FASED				DATE AN	D HOUR RRONOUNCE	ED DEAD		
(Type or Print)		0 1		2. DATE AND HOUR PRONOUNCED DEAD					
3 PLACE IN BALTI	John	Carlso		June 12, 1965 4:20 A					
S. FEACE IN BALII	MORE MARILAND, W	HEKE FRONCE	DINCED DEAD	A. STATE B. COUNTY					
FULL NAME OF	(IF NOT IN HOSPITA	AL OR INSTITU	TION, GIVE STREET	Maryland C. CITY OR TOWN (If outside carparate limits, write RURAL and give township) Baltimore					
HOSPITAL OR	ADDRESS OR LOCA	IION)							
1 - 3 - 4									
	City Hospita	ls		D. STREET ADDRESS (If rural, give lacotion)					
		1=				mer Avenue			
5. SEX	6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)				8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 1 On the lost birthday) Months, Doys, Haurs				
KX Male	White	Marr	ied	July 2,	1896	68			
	PATION (Give kind of work arking lile, even if retired)	108 KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE	State or foreig	gn cauntry)	12. CITIZEN OF WHAT COUNTRY?		
Laborer	arking ille, even if refired!	Steel		Fin	U.S.A.				
13. FATHER'S NAME				14. MOTHER'S M	AIDEN NAM	E	000011		
Matti	Carlson			Helvi	Nauris	koski			
15. WAS DECEASED	EVER IN U.S. ARMED		16. SOCIAL	17. INFORMANT	210102 25		ADDRESS		
	(If yes, give war or date	s of service)	SECURITY NO.	W T.	0. 3				
No			194-05-2444		Cariso	n 6704 Besse			
1B. 4	13 X		CAUSE	OF DEATH			ONSET AND DEATH		
DISEASI	E OR CONDITION DI	RECTLY							
	LEADING TO DEATH		(A) Hypert			iosclerotic			
heart lailure,	asthenia, etc. It means	the disease,	DUE TO	cardi	ovascu1	ar disease			
injury or cam	plication which caused	death.)							
AI	NTECENDENT CAUSE	S							
DISEASES C	R CONDITIONS, IF A	NY, GIVING	(B)		• • • • • • • • • • • • • • • • • • • •				
UN DERLYIN	G CONDITION LAST.	TATING THE							
Z			(C)						
OTHER SIGN	11	The second							
OTHER SIGN	FICANT CONDITIONS								
	DEATH BUT NOT REI		Ht						
DISEASE OR	OPERATION 198. CON		WHICH OPERATION	20A. AUTOPSY	? (Yes or Na)	20B. IF YES, WERE FIR			
00	WAS PER	FORMED		no		IN CERTIFYING CAUS	SES OF DEATH?		
21 A. EXTERNAL	CAUSE WAS	21 B.	PLACE OF INJURY (e.g., i , form, factory, street, o		VHERE DID	(II in Boltimare City, giv	ve exoct lacotion)		
UNDERLYING DUTING CAUS	OR CONTRIB-	hame etc.)	, form, factory, street, o	lfice bldg., INJURY	OCCUR?				
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OF INJURY	(Month) (Day) (Year		1E. INJURY OCCURRED		A DID INT	URY OCCUR?			
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result	ed fram: Natural car	uses A	suicident Suicide	Homici	de 💹 📗	Undetermined manne	or		
	(60 %	1	1	CHIEF M	EDICAL EX	AMINER	DATE SIGNED		
SIGNATU	IRE Fran 2	190	er MD	ASSISTANT M	EDICAL EX	AMINER X	DATE STORED		
EXAMINE	/. /	1	Me De	ASSOCIATE M			June 12, 1965		
NAME (T		John E.	Adams, M.D.						
23A. BURIAL CREM	ATION, 238 DATE		C. NAME OF CEMETERY OF	CREMATORY	23 D. L	OCATION (City,	town, or caunty) (State)		
REMOVAL (Specify) Burial	6/15.6	5	Oak Lawn Ceme	tom	Co	lanto Ma			
24A, DATE REC'D			OF REGISTRAR		AL DIRECTOR	lgate, Md.	ADDRESS		
111N 4 A		-							
JUN 14	1965 Robert	18. Fa	Wiew Man	Ullrich	h Funer	al Home Dund	ialk, Md.		
VS 151-REV. 1/1/6	5	Est f.	E. (1. 1) /	57 57	TI A				

3331 Brehms Lane

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VS 151-REV. 1/1/65

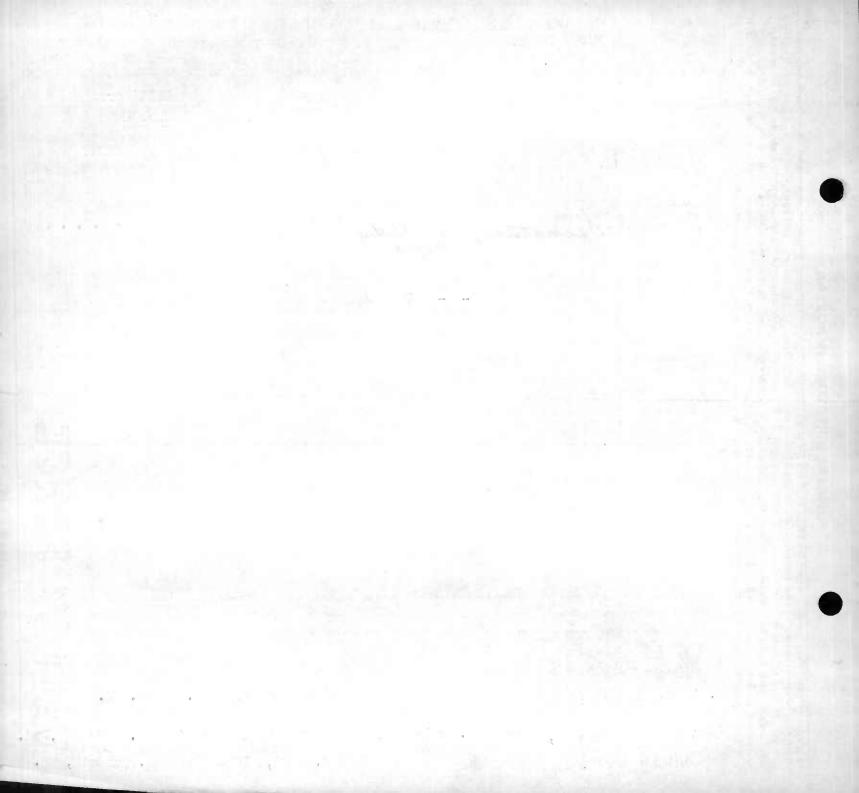
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	H NO.	65 63		ERTIFICA			Registered No.	65 61	.98
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	LACE OF DEA FULL NAME O HOSPITAL OR NSTITUTION	F (If not in hospital a oddress or location) St.Joseph Ha	r institution, give stree	•	Maryla c. city or to Baltin	B. COUN and own (If out more odress (If	re deceased lived. If in TY Iside city limits, write rurol, give locotion) ent Street	RURAL ond give to	
†0A	Female	6. RACE White PATION (Give kind of work working life, even if retired)	7. MARRIED, NEVER WIDOWED, DIVOR WIDOWED, DIVOR WIDOWED, BUSINE	CED (specify)	9-2-95	RTH E (State or forei	9. AGE (In years lost birthday) 69 gn country)	If Under 1 Yr.	If Under 24 Hrs. Hours Min.
i	Char-la		vidence Sa		Falls	Church,	Virginia		
		Lugene Proci		101	14. MOTHER'S	Eliza	beth Made:		
(Yes	, no or unknown	(If yes, give wor or dates		URITY NO.			reither,	son, abo	
	(This does n heart failure, injury or com	E OR CONDITION DIRI LEADING TO DEATH of meon the mode of osthenio, etc. If meons plicotion which coused	dying, e.g., lhe diseose,	Obsta	estive H	osclerot	lure - 2° t ic heart di -2° to Urin	ONSET A	AL BETWEEN AND DEATH
NO	DISEASES Of tise to the UNDERLYING	ANTECEDENT CAUSES R CONDITIONS, if obvious (A) CONDITION lost.	stoling the	DUE TO		infection			
RTIFICATIO	DISEASE OR	CONDITION CAUSING IT OPERATION 198. COND WAS PERFO	ITION FOR WHICH C			SY? (Yes or No	20B, IF YES, WERE	FINDINGS CONSIDUSES OF DEATH?	ERED
L CE	OR CONTRIBU	IT WAS UNDERLYING DITING CAUSE OF medicol exominer)	21B. PLACE (home, form, etc.)	OF INJURY (e.g., in foctory, street, off	or obout 21 C. V	WHERE DID	(If in Boltimore	e City, give exoct l	ocoñon)
ō	21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeor)	(Hour) 21 E. INJURY While At Work	OCCURRED Not While At Work		IOM DID INJ	URY OCCUR?		
	that (I) (we)	that (I) (this hospital)	olive on Ju	ne 11,	1965	ond the		nion death occur	19 65 rred on the dote
	23A. SIGN ATU	RE Roslom D			nding —		Stoff Phys.	23B. DATE SIGNE	11,1965
	23C. PHYSICIA NAME (T)	Rostom D. R	ivera		3D. ADDRESS		ne Street -		-1,1/0/
24A	Burial CREA REMOVAL (S Buria)	MATION, 24B. DATE (pecify) 6/14/6	24C. NAME of C	Redeemer	Cemete	ry B	altimore,		
25 A	JUN 14	1965 Robert	E, Farling		Schin	unek F	uneral Ho dison St.		PRESS

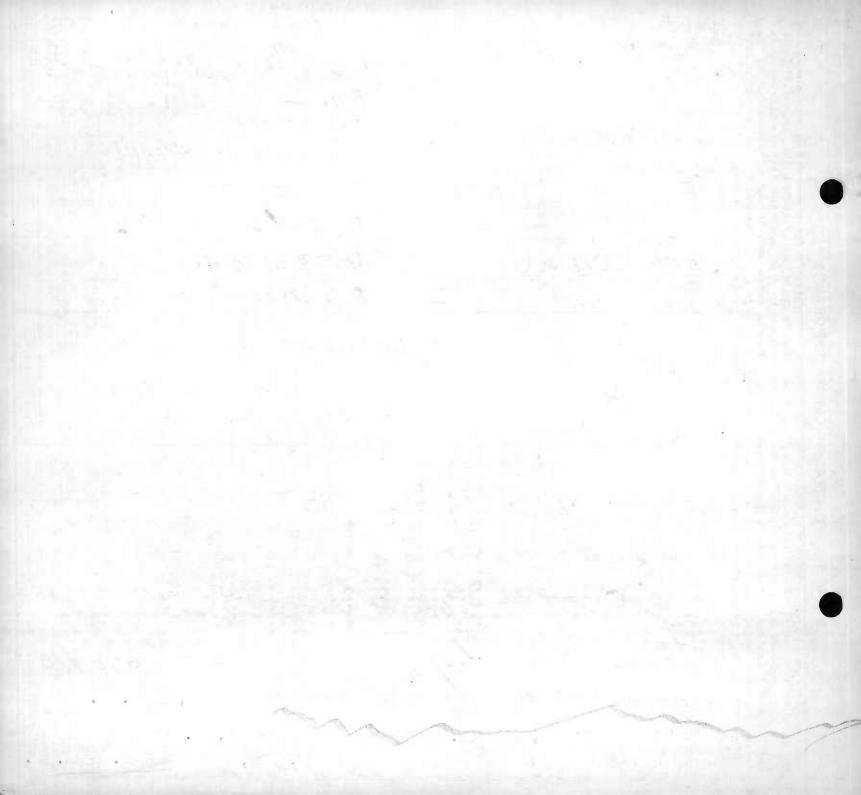
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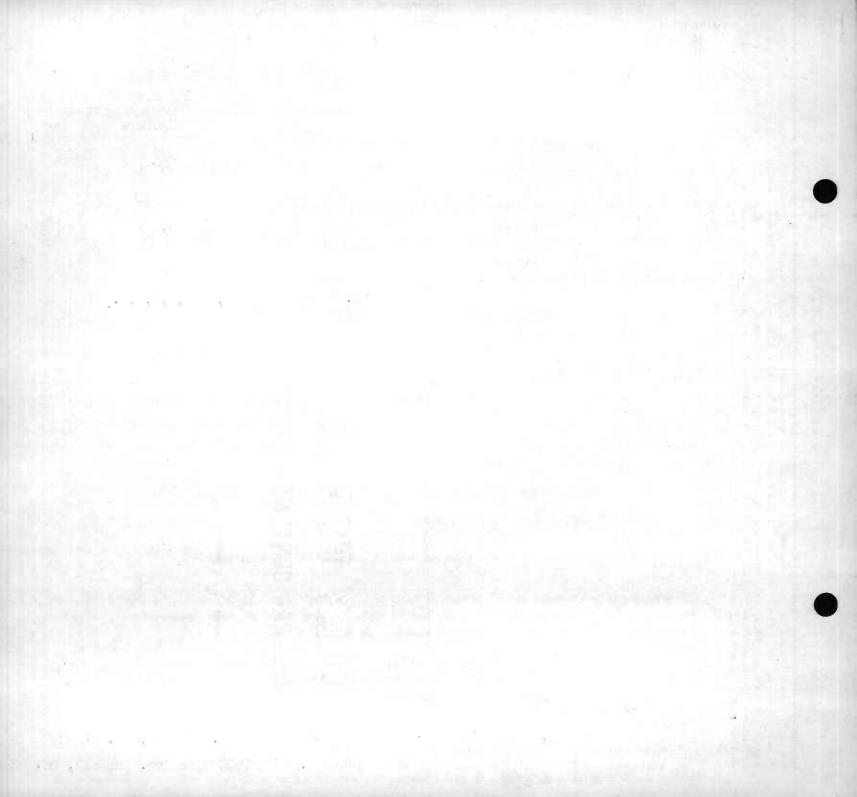
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D. DATE AND HOUR OF DEATH THE ANALY OF DECEASE OF CONDITION DIRECTLY LEADING TO DEATH TECHNOLOGICAL TO BE AND THE SECURITY OF THE SECURITY	0=	275 A	Y HEALTH DEPARTMENT	1	05 0100
NAME OF DECEMBED STATES NAME	BIRTH NO. 65	6199 CERTIFICA	TE OF DEATH	Registered No	65 6199
THE ADDRESS OF CONDITION DIRECTLY DISEASE OF CONDITION DIRECTLY LACE OF DEATH IN SACTIMONE MARIENORY, MARIENORY CONDITION DIRECTLY LACE OF DEATH IN SACTIMONE CONDITION DIRECTLY LACE OF DEATH IN SACTIMONE CONDITION DIRECTLY LACE OF DEATH IN SACTIMONY DIRECTLY LACE	M.E. CASE NO.	D	2. DATE AL	NO HOUR OF DEATH	
FULL NAME OF OFFICE PRODUCTION OF THE PRODUCTION	(Type or Print) Nadia Naci	David	2. 27.10	6-11-	-651 17:05-1
FULL NAME OF OFFICE PRODUCTION OF THE PRODUCTION	3. PLACE OF DEATH IN BALTIMORE, MARYLAN	ID	4. USUAL RESIDENCE (Whe	ere deceased lived. If in	stitution: residence before odmission)
SEE SLACE MARKED NEVER MARKED MODIFIED NOTE MARKED NEVER MARKED MODIFIED NEVER MARKED MODIF			A. STATE B. COUR	NTY	
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S. WAS Deceased Five in U. S. Armod Foces? Teles no or unknown (101 yes, give wor of doles of service) SCURIT NO. 18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., heart feilure, estheric, etc. It means the disease, injury or complicion which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if only, giving rise to the door couse (A) stoling the UNDERLYNG CONDITION Iss.) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE UNDERLYNG CONTRIBUTING TO OPERATION WAS PREPOMED TO THE DEATH BUT NOT RELATED TO THE UNDERLYNG CONDITION FOR WHICH OPERATION 1974. DATE OF OPERATION WAS PREPOMED TO THE DEATH BUT NOT RELATED TO THE UNDERLYNG CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CAUSES OF DEATH WAS PREPOMED TO THE DEATH BUT NOT RELATED TO THE UNDERLYNG CAUSE OF DEATH WAS PREPOMED TO THE DEATH BUT NOT RELATED TO THE UNDERLYNG CONTRIBUTING CAUSE OF DEATH WAS PREPOMED TO THE DEATH BUT NOT RELATED TO THE UNDERLYNG CONTRIBUTION CAUSE OF DEATH WAS PREPOMED TO THE DEATH BUT NOT RELATED TO THE UNDERLYNG CONTRIBUTING CAUSE OF DEATH WAS PREPOMED TO THE DEATH BUT NOT RELATED TO THE UNDERLYNG COURT WAS PREPOMED TO THE DEATH BUT NOT RELATED TO THE UNDERLYNG CAUSE OF DEATH WAS PREPOMED TO THE DEATH BUT NOT RELATED TO THE COURT WAS PREPOMED TO THE DEATH BUT NOT RELATED TO THE DEATH BUT NOT RELATE	3. FATHER'S NAME	uss, D. F. J. Cul	14 MOTHERS MAIDEN NA	ME	
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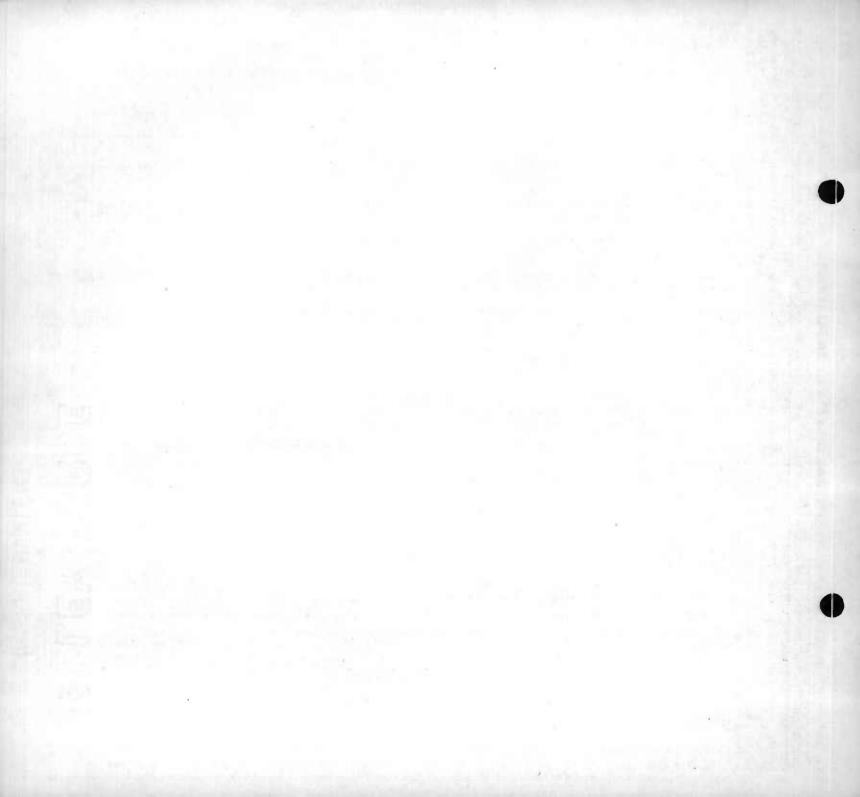
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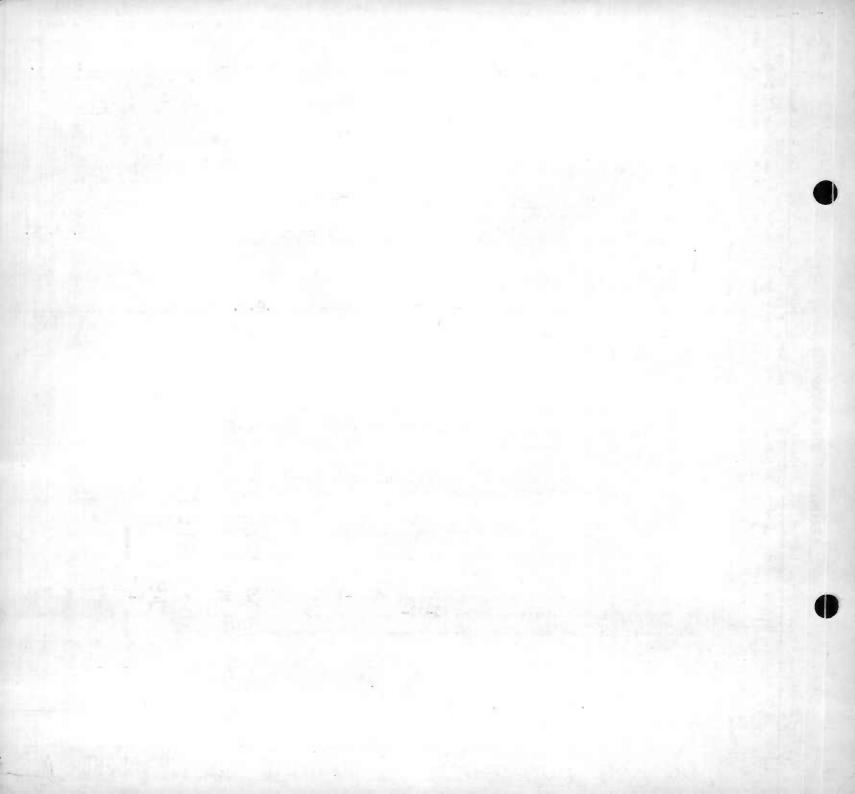
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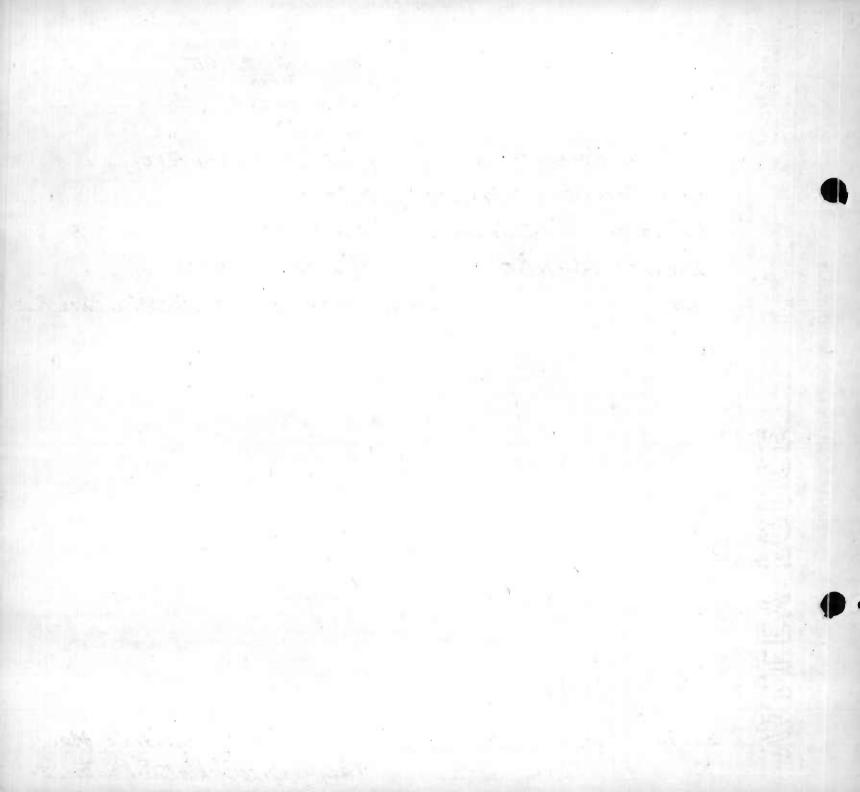
attendance

BALTIMORE CITY HEALTH DEPARTMENT Registered Na. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. 2. DATE AND HOUR OF DEATH I. NAME OF DECEASED (Type or Print) 3. PLACE OF DEATH IN 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before odn B. COUNTY FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL/ond give township) (If rurol, give location) or final disposition is made. MARRIED, NEVER MARRIED 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months Doys Hours WIDOWED, DIVORCED (specify) lost birthdov married 10A. USUAL OCCUPATION (Give kind of wor OF BUSINESS OR INDUSTRY BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. Was Deceased Ever in U. S. Armed Forces? 17. INFORMANT 6. SOCIAL ADDRESS (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. attendance CAUSE OF DEATH INTERVAL BETWEEN 420,11 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (This does not meon the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death,) regul ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. the remains CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. No physician 20B. IF YES, WERE FINDINGS CONSIDERED 9A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exoct location) MEDICAL DEATH (notify medical examiner) etc.) obtained 21 D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPRDX.) Work At Work 22. I certify that (1) (this hospital) attended the deceased from that (1) (we) last saw the deceased alive an Pe and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated abave. (1) (We) (did) (did nat) view the bady after death. must 23A. SIGNATURE 23 B. DATE SIGNED Attending Stoff written approval Phys. Director Phys. 23C PHYSICIAN'S 23 D. ADDRESS M.D 24A. BURIAL CREMATION 24B. NAME of CEMETERY SA REMOVAL (Specify) 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAL VS 150-REV. 1/1/65



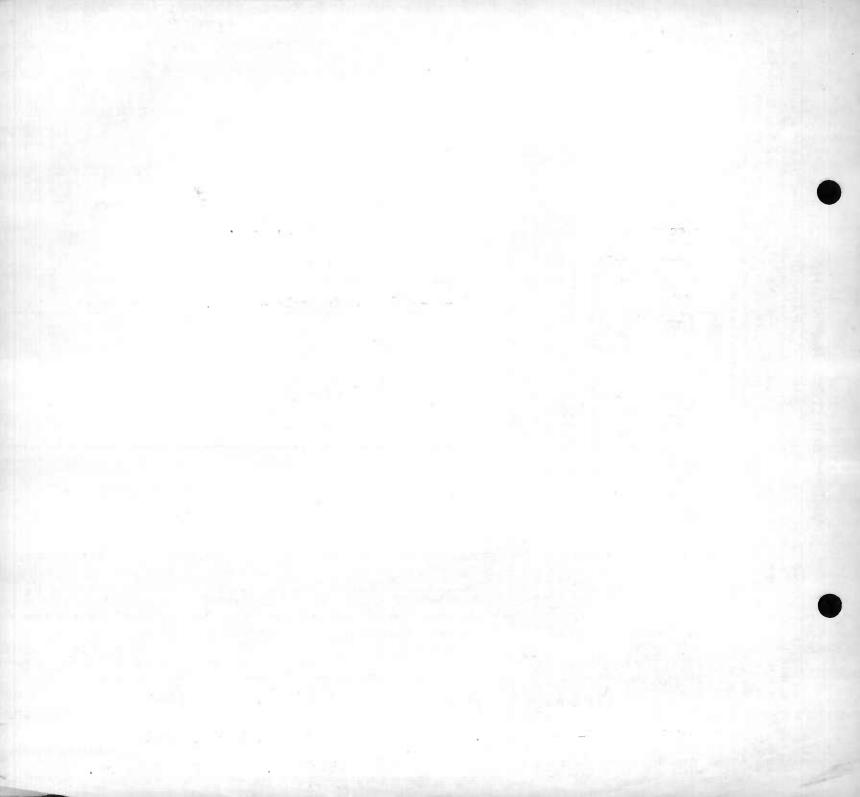


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BIRTH NO.	CERTIFIC	ATE OF DEATH	Registered Na	65 6204
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(Type or Print)	Ba	~ te 1 -	0-15	121.5 P
B. PLACE OF DEATH IN BALTIMORE, MARYLAN	ID A	4. USUAL RESIDENCE (When	re deceased lived. If in:	stitution: residence before admission
		A. STATE B. COUN	TY	17-11
FULL NAME OF (If not in hospital or inst HOSPITAL OR address or location)	itution, give street	Marylas	Vd	1204
INSTITUTION		C. CITY OR TOWN (If out	side city limits, write R	URAL ond give township)
		132/timo	rurol, give location)	
10:00 11 11		D. STREET ADDRESS (III	rurol, give location)	
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Male Coloned	Widawad	1-2-1091	60	
OA USUAL OCCUPATION (Give kind of work 108. K	IND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF
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5. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	ULIVSUN	ADDRESS
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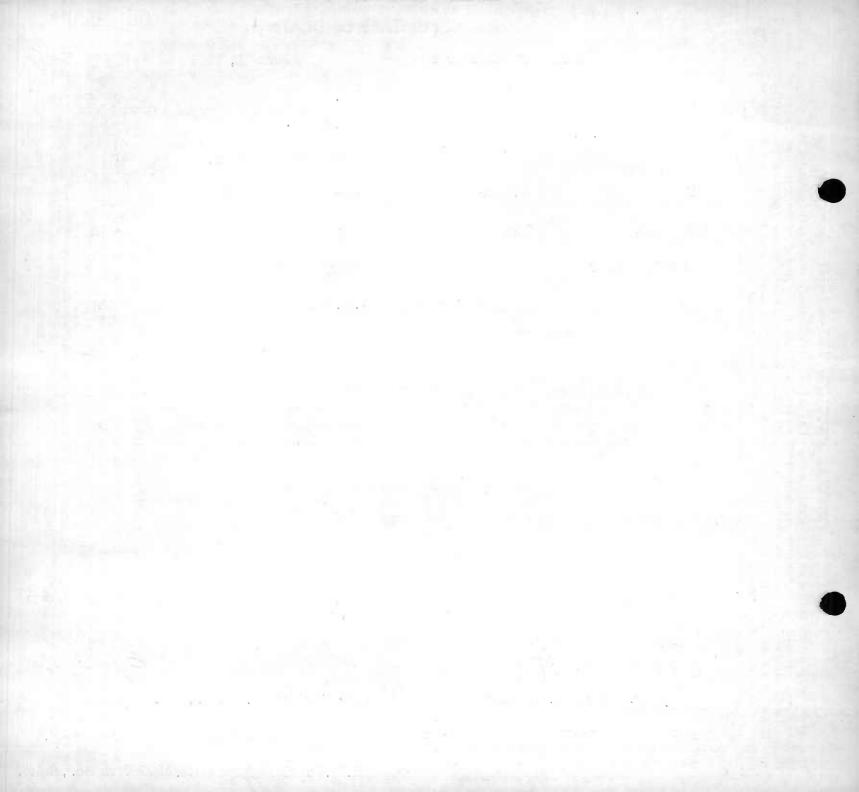
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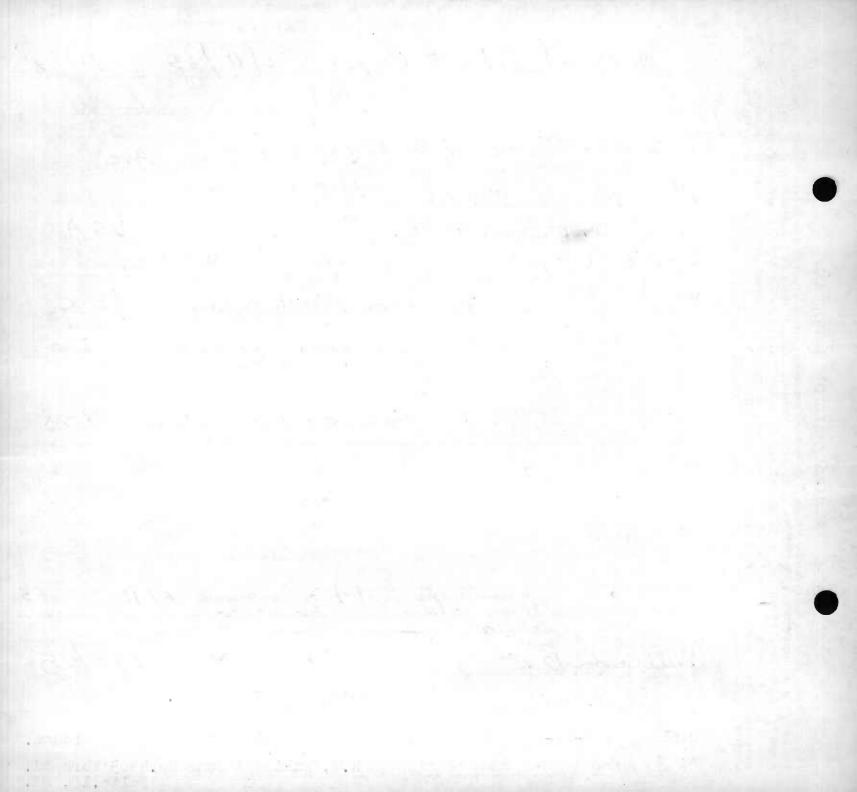
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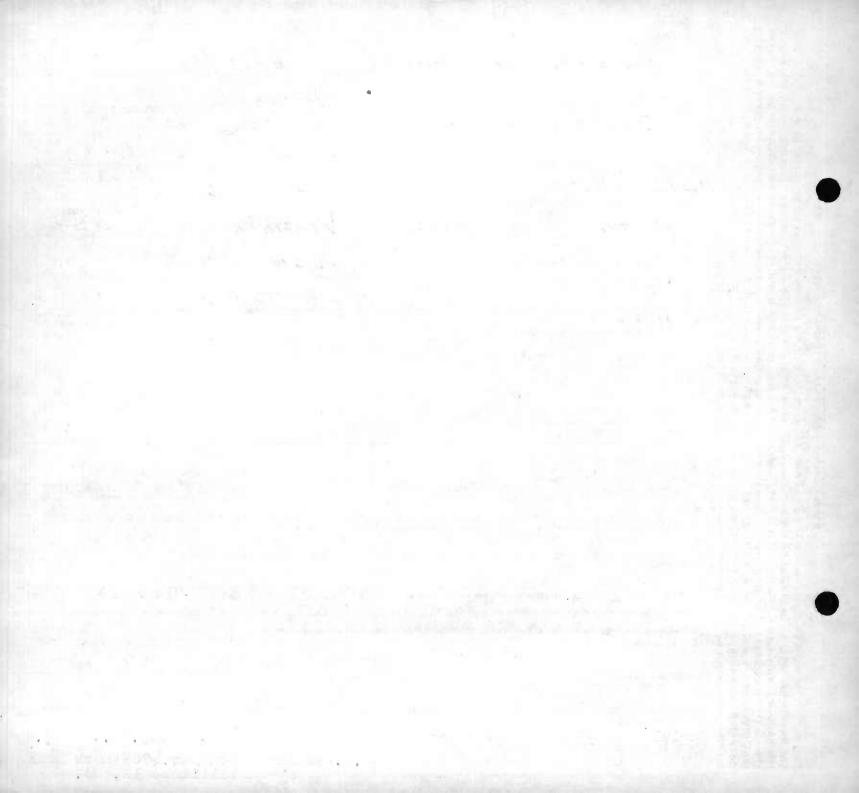
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	Joura N. II.		D. STREET ADD		
SEX	6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRT		If Under 1 Yr. If Under 24 Months Doys Hours M
		WIDOWED, DIVORCED (specify) Widowed 10B, KIND OF BUSINESS OR INDUST	9-9-188 RY 11. BIRTHPLACE		12. CITIZEN OF
Housewit		Own Home	Marylan		USA
Charle	s Bauer		Mary T	Denninger	
. Wos Deceosed	Ever in U. S. Armed Ford	s of service) SECURITY NO.	17. INFORMANT		ADDRESS
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200-	CERTIFICATE OF DEATH Registered No.	
deatl deatl n th	CASE NO. ME OF DECEASED 2. DATE AND HOUR OF DEATH 7.	p
-700	Mr. Toward Gilbert Goper 6/11/65	35 39 M.
	ACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived. If institution: residence by A. STATE B. COUNTY	Hore odinission)
hos Se (5)	LL NAME OF (If not in hospital or institution, give street oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give town)	The state of the s
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th occurred in contributing etermined can n regular attenance can n regular attenance can is made.		Under 24 Hrs.
ontroont regrees	ISUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	
2 - 2 · - 2 · ·	luring most of working life even if refired) WHAT COUNT	TRY?
dead to Und	tired - Compt. Kabiator Mg. Pentisx/varia US/	7
7 ÷ 5 € 3 × 4 × 5 × 5 × 5 × 5 × 5 × 5 × 5 × 5 × 5	harles Cooper Serapta Whiting	
TAN istant the di kind; death ce on nal di	as Deceased Ever in U. S. Armed Jorces? 16. SOCIAL 17. INFORMANT ADDRESS	
Ssistant the di the di y kind; y death ance on final di	security No. 213-01-4282 Flizabeth B. Cooper Above	10
IMPORTAN or his assistant Also, if the di e of any kind; nounced death attendance on	CAUSE OF DEATH INTERVAL ONSET AN	
R: IMPO ner or his a er. Also, if cture of any pronounced lar attenda	DISEASE OR CONDITION DIRECTLY	1 O
- PA - DE E	This does not mean the made of dying, e.g., DUE TO,	10-
Miner or niner. A fracture o prono gular at embalm	earl failure, asthenia, etc. It means the disease, night of the control of the co	
CTOR: caminer. A fractu vho pro- regular	ANTECEDENT CAUSES (B)	
ECTC xami xami y A fr who	DISEASES OR CONDITIONS, if any, giving se la like abave cause (A) stating the (C) Generalized Arteriosclosus (X	20
DIRE	INDERLYING CONDITION last.	
medica nedical burns; bhysicia n was	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
RAL DI f medical medical burns; physicia an was	O THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
FUNER to chief r by a m 2) Body e the p physicia ore the p	A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No.) 208. IF YES, WERE FINDINGS CONSIDE	RED
C ch	7-63	Y ES
_ == == == == == == == == == == == == ==	A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? EATH (notify medical examiner)	,040117
96570	D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
oved best natured compared (6)	FINJURY APPROX.) While At Not While Work At Work	
brax y bra	2. I certify that (1) (this hospital) attended the deceased from 6/4/65 19 to 6///	1965.
app to the to th	nat (M) (we) last saw the deceased alive an 6/4 19 6 5 and that in (My) (aur) apinlan death accurre	
07047	nd haur and fram the causes stated above. (We) (did) (did not) view the bady after death.	
must be a eleased to ccident of hospital to death)	A. SIGNATURE A.D. Attending Med. Stoff	1,-
F 0 0 0 + 0	Phys. Director Phys. 6	65
icate m was reli An acci	NAME (Type)	
3 - 4 - 6	William B. Long WILON MEMORIAL CREMATION, REMOVAL (Specify) WILON MEMORIAL CREMATORY 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, lown, or county)	(Stote)
This certif the body shows: (1) was D.O.A deceased		
This cer the bod shows: was D.C	DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDR	
# t 4 3 b 3	UN 14 1965 Robert E. Farley H.W. Jenkins & Sons Co. 4905 You	rk Rd.
	0-REV. 1/1/65 Balto.1	2, Md.

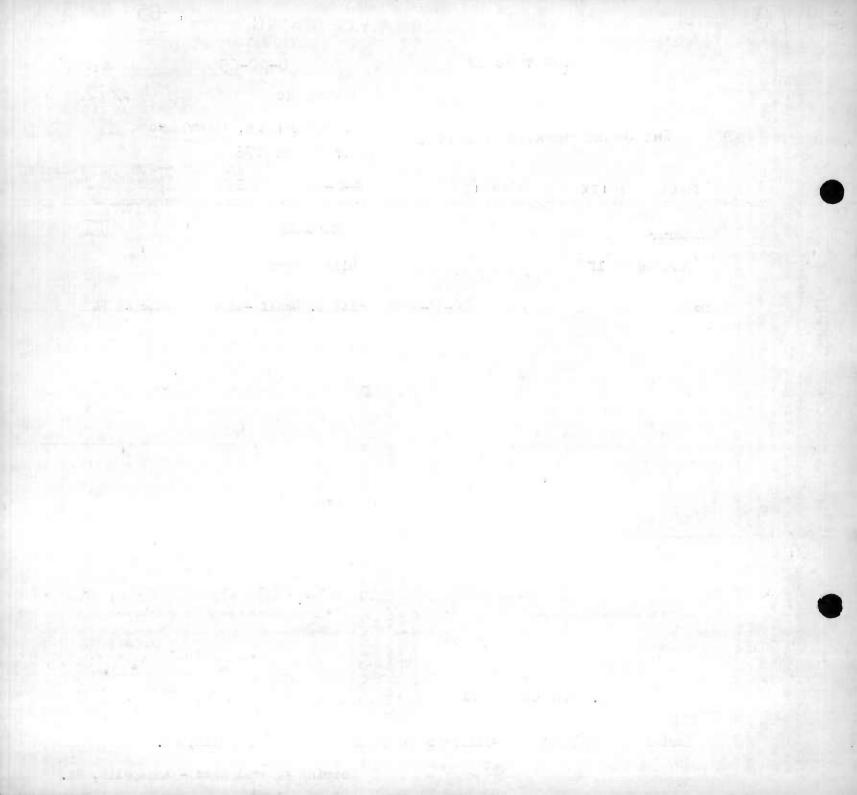




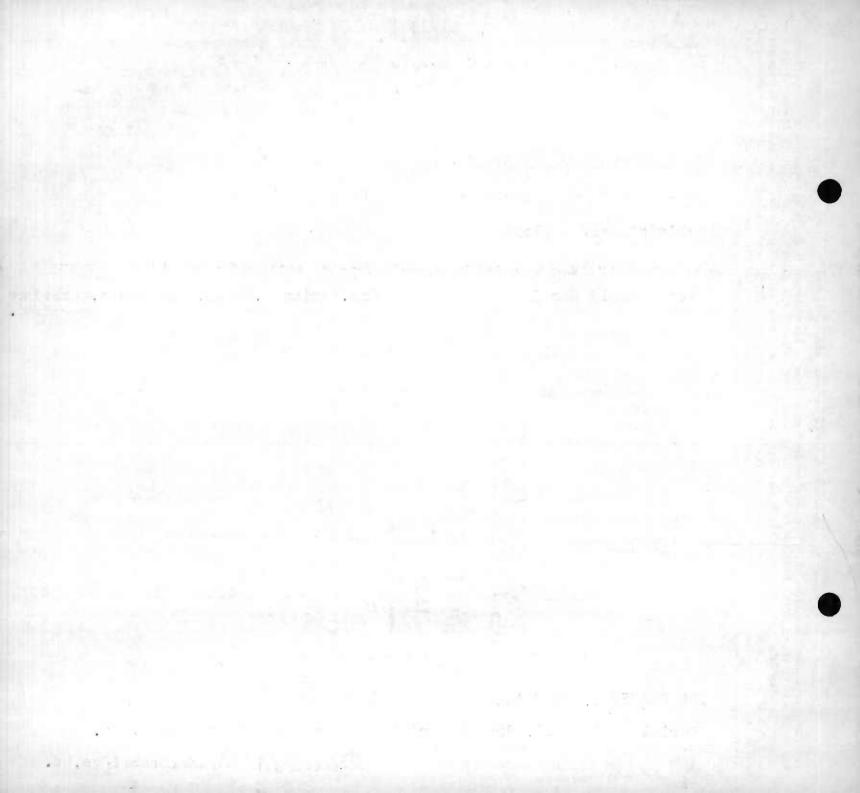
	05	BALTIMORE CITY HEALTH DE	PARTMENT	05 0040				
	H NO. 65 621	2 CERTIFICATE OF	DEATH Registered No.	65 6612				
1. N (Typ	AME OF DECEASED TO PRINT SCAR TURNER	Smith, JR.	2. DATE AND HOUR OF DEATH	125A				
F	FULL NAME OF (If not in hospital or instituted of the state of the sta	A. STATE	ESIDENCE (Where deceased lived. If in B. COUNTY YLAW TOWN (If outside city limits, write	-01				
1	INION MEMORIA	L Hospital Bal	TIMORE	s section of the formula in the form				
		AMDI		uents				
5. \$	EX 6. RACE 7. MARR WIDD	RIED, NEVER MARRIED WED, DIVORCED (specify) DOE BUSINESS OF INDUSTRY 1)	9. AGE (Infyeors lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.				
done	e, during most of working life, even if retired)	44 + SON, CO. BAL	TIMORE, Md.	U SA				
C	SCAR TUANER S	mith Edo	VA BRAdshaw					
(Yes	Was Deceased Ever in U. S. Armed Forces? inno or unknown) (If yes, give wor or doles of servi	16. SOCIAL SECURITY NO.	a-1 Care C San	ADDRESS				
	1B. 400 / 1	CAUSE OF DEATH	FE) SAIRA C. DMI	INTERVAL BETWEEN				
	DISEASE OR CONDITION DIRECTLY	No		ONSET AND DEATH				
	LEADING TO DEATH (This does not meon the made of dying, heort foilure, asthenia, etc. It means the dise injury at complication which caused death.)		dial infanct	TON 6 hour.				
	ANTECEDENT CAUSES	(B)	**************************************					
	DISEASES OR CONDITIONS, if any, girise to the above cause (A) stating UNDERLYING CONDITION tast.	•						
TION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
RTIFICA		OR WHICH OPERATION 20A. AUT	OPSY? (Yes or No) 20B, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?				
	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21 B. PLACE OF INJURY (e.g., in or obout 21 C home, form, foctory, street, office bldg., INJ etc.)	.WHERE DID (If in Boltimore URY OCCUR?	e City, give exoct locotion)				
	21 D. TIME (Month) (Doy) (Year) (Hout) OF INJURY (APPROX.)	21E. INJURY OCCURRED 21F. While At Not While At Work	HOW DID INJURY OCCUR?	150				
	22. I certify that (+) (this haspital) ottend	ed the deceased from 6/13	19 <u>6 F</u> ta	6/14 1965				
	that (I) (lost sow the deceased alive	on 6/13 19 6	ond that in (my) (nion deoth occurred on the dot				
11 1	ond hour and from the couses stated abov	e. (I) (We) (dld) (dtd net) view the bod	y after death.					
	23A., SIGNATURE	M.D. Attending	Med. Stoff	23B, DATE SIGNED				
	23C, HISICIAN'S	Phys. 23D. ADDRESS	Director Phys.	6/14/65				
	NAME (TYPE) & WILLIAM N.F.	BENNETT M.D. UNIC	IN MEMORIAL	Hospital				
24A	BURIAL CREMATION, 24B. DATE 24 REMOVAL (Specify)	C. NAME of CEMETERY OF CREMATORY	24D. LOCATION (C	ity, town, or county) (State)				
B		Dulaney Valley Mem. (Frds Timonium	Balto.Co., Md.				
25A	. DATE REC'D BY HEALTH DEPT. 258 NA	H.W.Jer	eral director nkins & Sons Co. Balto	4905 York Rd.				
VS	150-REV. 1/1/65		7 9					

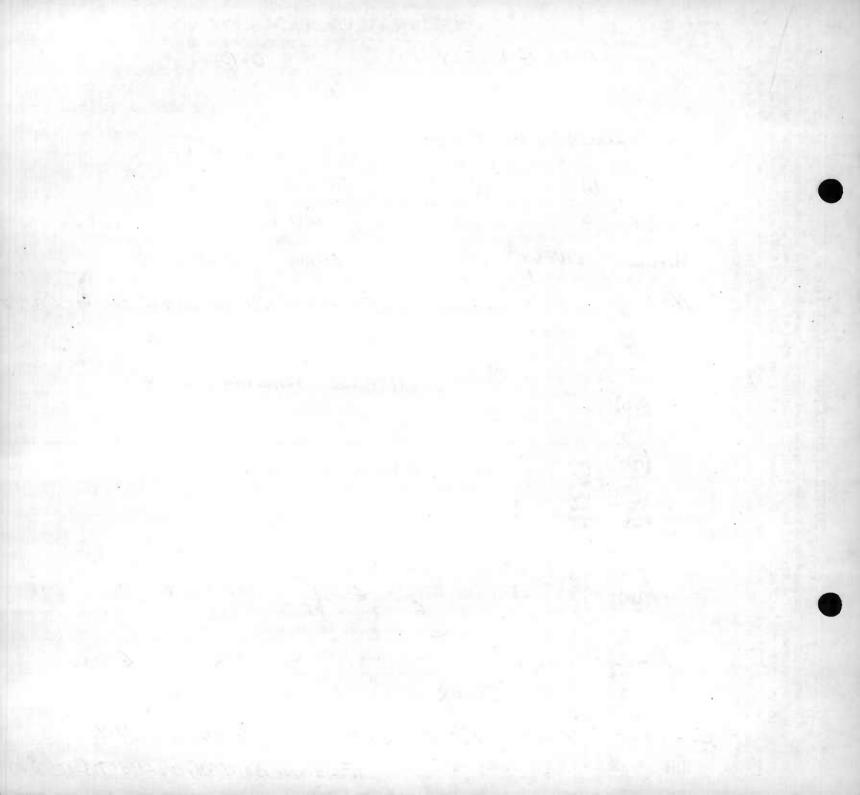
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BIRTH NO.	65 6	213	CERTIFICA			Registered Na	. 65	6213
M.E. CASE NO.	ASED				2. DATE	AND HOUR OF DEAT	Н	
(Type or Print)	LAR	RY Sc	ALF		6-	10_65	- 1	4 70D M
3. PLACE OF DEAT	TH IN BALTIMORE, MAI		761	4. USUAL RE	SIDENCE (W	here deceased lived, if	institution: resid	dence before admission)
FULL NAME OF	(If not in hospital address or facation		, give street		B. COL	JNTY autside city limits, write	RURAL and a	nive lawnship)
INSTITUTION								(3)-00
3 Жн€	JOHNS HOP	KINS	HOSPITAL	D. STREET AD	DORESS (LE, MARYL. If rural, give location) 176	AND	
5. SEX	6. RACE	7 AAAPRIEI	D. NEVER MARRIED	8. DATE OF BI		9. AGE (In years	If Under 1	Yr. If Under 24 Hrs.
MALE	WHITE		ED. DIVORCED (specify)	4-6-4		los 200 hdoy)	Months De	ays Haurs Min.
		10B, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLAC	CE (State or fo	reign country)	12. CITIZEN	N OF COUNTRY?
dane during most of w	arking life, even if retired)			V4 m	ginia		WHAT	
Laborer	c			14. MOTHER'S		AAAE		USA
				MOTHER'S	MAIDER N	OWIE .		
Burdine	Scalf			Bile	Rogers			
5. Was Deceased	Ever in U. S. Armed Fare (If yes, give wor ar date		1 6. SOCIAL SECURITY NO.	17. INFORMAN			A	DDRESS
ne			220-38-2050	Anita I	Scal	f -wife	same as	#4
18. 330	Y I			F DEATH			IN'	TERVAL BETWEEN
	OR CONDITION DIR	ECTLY		1 -	1.	1/	01	NSET AND DEATH
	LEADING TO DEATH	-0,21	11	berra	almou	of hamunh	2012	2 Caul
(This does no	of meon the mode of	dying, e.g	DUE TO	7000			C C	1
	osthenia, etc. It meons		е,	1 1	1	1 1.	0	
		deom.	m (31/6	1-Web	21-10	end u due	440	23 411
A	NTECEDENT CAUSES		DUE TO	<u> </u>				manage to the second second
	R CONDITIONS, if							
	above couse (A)	stating th	e (C)					~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
UNDERLTING	CONDITION last.							
E TO THE DE	ICANT CONDITIONS C ATH BUT NOT RELA	TED TO T	NG THE					
•	CONDITION CAUSING I		WHICH OPERATION	T20 A AUTO	BevalVas as	No. 208 IE VES WES	E EINDINGE C	ONSIDERED
19A. DATE OF	WAS PERF	ORMED	WHICH OPERATION	YES	Parties of	No. 20B. IF YES, WERI	AUSES OF DE	ATH?
OR CONTRIBUT	T WAS UNDERLYING TING CAUSE OF medical examiner	ho	1B. PLACE OF INJURY (e.g., ome, form, factory, street, of ic.)	n or about 21 C. ffice bldg., INJU	WHERE DID RY OCCUR?	(If in Baltime	are City, give e	exact lacation)
	(Month) (Doy) (Year)	(Hour) 21	E INJURY OCCURRED	21 F.	HOW DID H	NJURY OCCUR?		
21D. TIME OF INJURY (APPROX.)			Vhile At Not Whi					
(APPROX)			Vork At Work					
22. I certify	that (1) (this hospital) attended	the deceased fram	may	2-5	19 65 to	7262	16 1965
that (1) (we)	last saw the decease	d alive an	June 10	/ 4	A PROPERTY OF		. /-	accurred on the date
and hour and	fram the causes stat	ed abave.	(1) (We) (did (did not)	view the bady	after death	1.		
23A. SIGNATUI	RE A	- /					23B, DATE	SIGNED
(1/2	en ald To		M.D. Att	ending	Med.	Stoff Phys.	Lin	110-65
23C. PHYSICIAN	read /	0-5-16	2 Ph	23D. ADDRESS	Director	rnys, 🖎	7.00	^
NAME (Ty	nel	LD KO	0 0 N S M.D.	John	is Ho	opping 1	48-4 pi	tal
24A. BURIAL CREA REMOVAL (S		24C.	NAME of CEMETERY OF CR	EMATORY	24D.	LOCATION	City, tawn, ar	caunty) (State)
Burial	6/11/65	H	illcrest Memor	rial		Annapalis M	ld.	
25A. DATE REC'D		25B. NAME	OF REGISTRAR	25C. FUNE	RAL DIRECT	Annapolis, N		ADDRESS
JUN 14	1965 (0.0.	+ C .7	En D. 45					
	LOUR	n C' A	Chilening	Heppi	ng Fun	eral Home -	Annapel	is, Md.



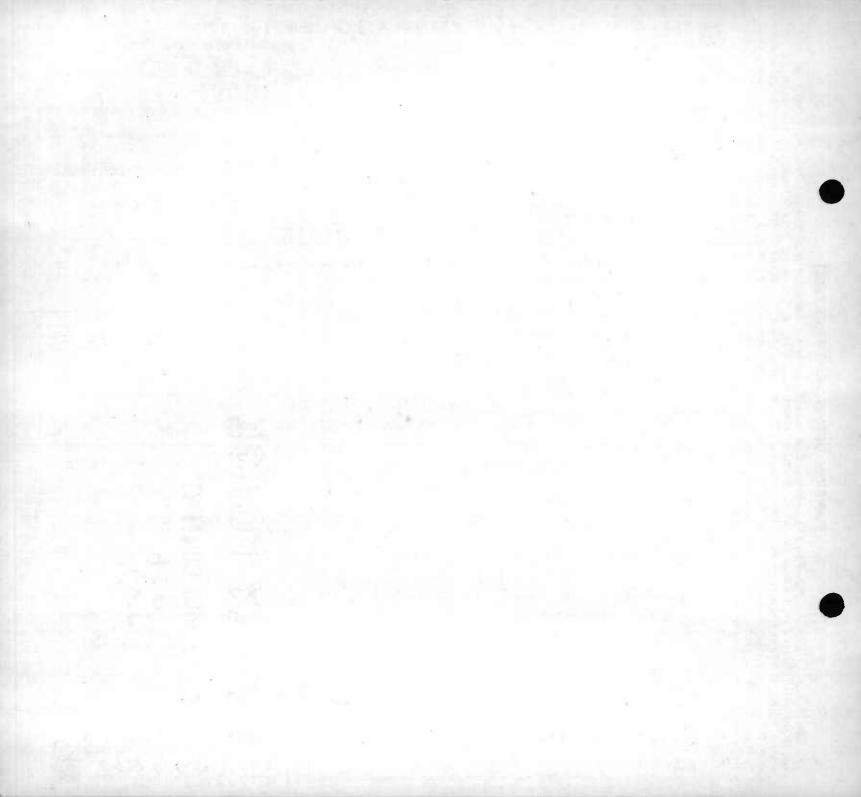
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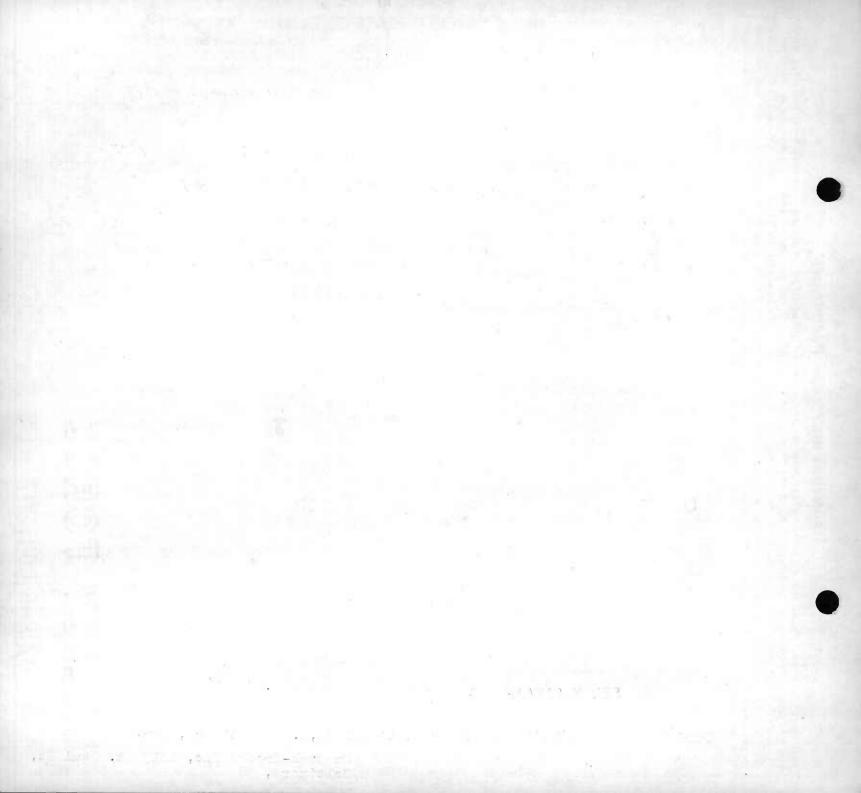


65 6216	BALTIMORE CITY HEALTH DEPARTMENT	CE C040
BIRTH NO. M.E. CASE NO.	CERTIFICATE OF DEATH Registered	No. 65 6216
I. NAME OF DECEASED	2. DATE AND HOUR OF D	
LINTON, CTU	890 E, & 6-11-65	4:05
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceosed live	
FULL NAME OF (If not in hospital or institution oddress or location)		
INSTITUTION — de	C. CITY OR TOWN (If ourside city limits,	write RURAL ond give township)
6	D. STREET ADDRESS (If jurol, give location	Terry pool
	B- oth.	
[1]	ED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In year	If Under 1 Yr. If Under 1 Months Doys Hours
NO NO	WED DIVORCEP (specify) 7-27-11 lost birthdoy 3	Months Doys Hours
tOA. USUAL OCCUPATION (Give kind of work 10B. KIND done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	re Copyrid Bress Mary and	11.5
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
· George E.	Kathere	fee
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give was as dotes of service)	16. SOCIAL 17. INFORMANT SECURITY NO.	ADDRESS
No	Farely	Same
1B.	CAUSE OF DEATH	INTERVAL BETWEE
DISEASE OR CONDITION DIRECTLY	114.0	ONSET AND DEA
LEADING TO DEATH (This does not mean the made of dying, e	(A) Crem / A	*******************************
heart failure, asthemia, etc. It means the disea injury at camplication which caused death.)		
ANTECEDENT CAUSES	18 Lidney Tailme	
DISEASES OR CONDITIONS, if any, giving	DUE TO	\$
rise to the above cause (A) stating UNDERLYING CONDITION last.	the (c) Golding Caceu	oma
	V	
O OTHER SIGNIFICANT CONDITIONS CONTRIBUT	TING	
OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	Road	
19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED		VERE FINDINGS CONSIDERED CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	Stomach	
OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	etc.)	Itimore City, give exact location)
U	21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
S OF INJURY	While At Not While	
	d the deceased from $M = VV = 65$	/ //
22. I certify that (I) (this hospital) attended that (I) (we) lost saw the deceased alive o	A //- /	6-11
	1101 111/11/7/) opinion death occurred an ti
23A. SIGNATURE	. (I) (We) (did) (did not) view the body ofter deoth.	238. DATE SIGNED
Phou offe 1.	M.D. Attending Med. Stoff	6-11-65
23C. PHYSICIAN'S NAME (Type)	Phys. Director Phys. L	11 -03
MAME (Type)	M.D. Q ACIDINA HOUR	Setto Sila
24A. FURIAL CREMATION, 24B. DATE 24C	NAME OF CEMETERY OF CREMATORY 24D. LOCATION	(City, town, or county) (
REMOVAL (Specify)	2 1 1 6 604 1	
	Medowsky En Ellichy	ADDRESS
JUN 14 1965 Rout E. J		227 Q dopsed
LICO BEY 1/1/46	Tuser Am	as Judes

W w Morris of grot-11 63 Many land Client 1 A-Lichery friday Dage Goral Junian expect Here Straits



BALTIMORE CITY HEALTH DEPARTMENT

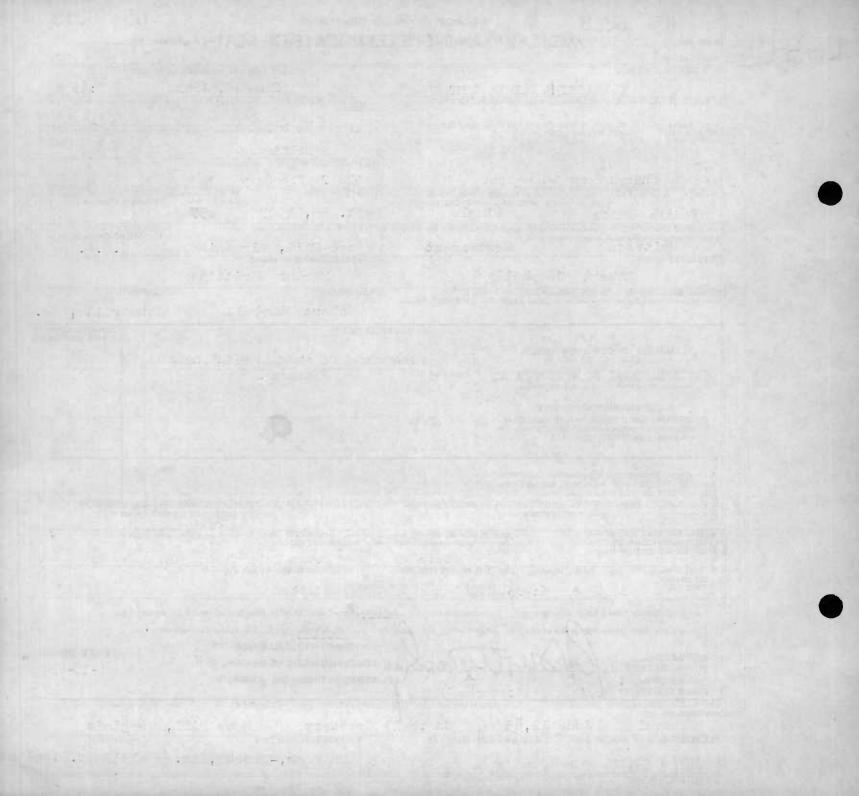


65 6213	BALTIMORE CITY HEA	ALTH DEPARTMENT	00 0210
BIRTH NO. MEDIC	CAL EXAMINER'S C	ERTIFICATE OF DEATH Register	ed No.
M.E. CASE NO.			
1. NAME OF DECEASED		2. DATE AND HOUR PRONOUNCE	DEAD
ELIZABETHPAT	TRICIA CAMPBELL	June 10, 1965	3:45 a M.
3. PLACE IN BALTIMORE, MARYLAND, WHE	RE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. If institute. A. STATE B. COUN	
FILL NAME OF UE NOT IN HOSPITAL	OR INSTITUTION, GIVE STREET	Maryland	
FULL NAME OF (IF NOT IN HOSPITAL HOSPITAL OR ADDRESS OR LOCATION	ON)	C. CITY OR TOWN (If outside corporate limits, write	RURAL and give township)
Non-Tenor		Baltimore	-01
		D. STREET ADDRESS (If rurol, give location)	
Church Home & Ho	ospital	238 S. Broadway	
5. SEX 6. RACE 7.	MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.
female white	Single	Sept. 23, 1927 lost birthdoyl	Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work)			12. CITIZEN OF
done during most of working life, even if retired)			WHAT COUNTRY?
Waitress	Restaurant	Rose Hill, Virginia	U.S.A.
	bell	Martha Brittin	
15. WAS DECEASED EVER IN U.S. ARMED F			ADDRESS
(Yes, no arunknawn) (If yes, give wor ar dotes		17. INFORMANT	ADDRESS
		Robert Campbell J	onesville, Va.
18.	CAUS	E OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRE	CTLY		ONSET AND DEATH
LEADING TO DEATH	Stab	wound of abdomen with incision	on
(This does not meon the mode of d heart failure, asthenio, etc. It means th injury ar camplication which caused dec	ying e.g., DUE TO	of liver.	
injury ar camplication which caused dec	oth.)		
ANTECENDENT CAUSES			
DISEASES OR CONDITIONS, IF ANY	, GIVING (B)	***************************************	
RISE TO THE ABOVE CAUSE (A) STATUNDERLYING CONDITION LAST.	TING THE		
Z	(C)		***************************************
OTHER SIGNIFICANT CONDITIONS CO. TO THE DEATH BUT NOT RELA DISEASE OR CONDITION CAUSING I			
OTHER SIGNIFICANT CONDITIONS CO			
DISEASE OR CONDITION CAUSING I	Τ		
19A. DATE OF OPERATION 19B. CONDI		20 A. AUTOPSY? (Yes at No.) 20 B. IF YES, WERE FIN	
		Yes	
✓ 21A, EXTERNAL CAUSE WAS UNDERLYINGXOR CONTRIB-	21B. PLACE OF INJURY (e.g., hame, form, factory, street,	in ar about 21C. WHERE DID (If in Boltimore City, give affice bldg., INJURY OCCUR?	e exact location)
☐ UTING CAUSE OF DEATH.	etc,) Cafe		a deray
21D TIME (Manth) (Doy) (Year)	(Hour) 21E. INJURY OCCURRED	Norge Cafe, 238 S. Bro	duway
OF INJURY (APPROX.) 6 9 65 9:	05p m. WHILE AT X NOT	WHILE Stabbed	
22.			
I certify that I held on Inq	•	ond that on this basis, death In my	opinion
resulted from: Natural cous	es Accident Vijci	de 🗌 Homicide 🕱 Undetermined monner	
///	11	CHIEF MEDICAL EXAMINER	
ACTUAL SIGNATURE	71 1 1 1 1		DATE SIGNED
EXAMINER'S		ASSISTANT MEDICAL EXAMINER 14	1 20 15
	as an and m.		6-10-65
	4	ASSOCIATE MEDICAL EXAMINER	6-10-65
NAME (Type) Rudiger Br	4	ASSOCIATE MEDICAL EXAMINER	6-10-65
NAME (Type) Rudiger Br 23A, BURIAL CREMATION, 23R DATE REMOVAL (Specify)	reitenecker	ASSOCIATE MEDICAL EXAMINER	own, or county) (State)
NAME (Type) Rudiger Br 23A. BURIAL CREMATION, REMOVAL (Specify) Removal June 11	reitenecker	ASSOCIATE MEDICAL EXAMINER	own, or county) (State)

JUN 14 1965 P. C. S. Tale, M.A. vs 151-REV. 1/1/65

Wm Cook, -Brooks, Inc.

1217 St. Paul St



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65	6550
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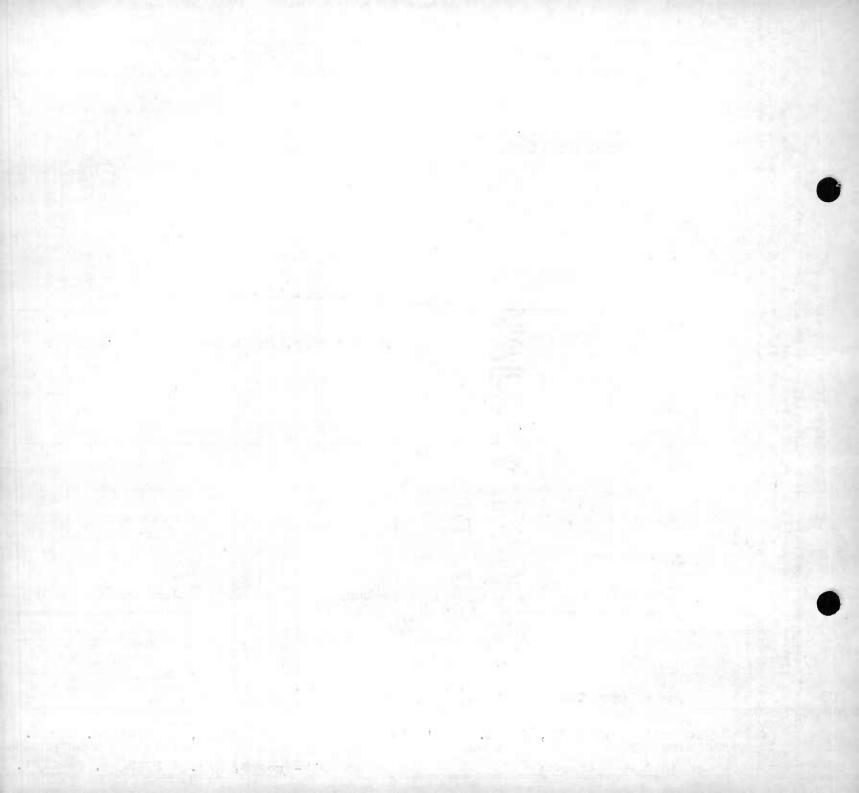
BIRTH NO.	MED	CAL EX	(AMINER'S CI	ERTIFICATE	OF DEATH Regi	stered Na.	United
M.E. CASE NO.							
1. NAME OF DE	CEASED			2. DA	TE AND HOUR PRONOU	NCED DEAD	
, p. 01	ARCHIE	BENSO	N BULLINGTON		Tune 8, 1965		8:25 P
3. PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONOI	UNCED DEAD	4. USUAL RESIDENCE	(Where deceased lived, If	institution: reside	nce before admissia
EIIII MAAAF OE	WE NOT IN HOSPITA		17:01: 0:11: 45000	Maryla		OUNIY	
FULL NAME OF HOSPITAL OR INSTITUTION	ADDRESS OR LOCA	TION)	DIION, GIVE SIKEEI		f outside corporate limits, v	vrite RURAL ond	give to waship)
Mairion				Baltin	nore		3-115
Union	n Memorial Ho	enital		D. STREET ADDRESS	(If rural, give location)	-	
OILLOI	. Hemottat Ho	phrear		3255 0	hestnut Avenu	e	
5. SEX	6. RACE		NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In year last birthday)	rs If Under 1	Yr. If Under 24 Hr.
Male	Whi te		DIVORCED(specily) Married	March 4,190		Manths	ys Hours Min.
			BUSINESS OR INDUSTRY			12. CITIZEN	OF
lone during most af	warking life, even if retired)					WHAT	COUNTRY?
Mech 3. FATHER'S NAM				Axton,	Virginia	U.	S.A.
o. I ATTIER & ITAL		limato					
	Ferd Bul	-		Hattie	Barker		Br. Park
es, no or unknown	of the state of th	s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
Yes	W.W I			Mrs. Annie	Bullingtoh	3255	Chestnut A
18.	Same and the same		CAUSE	OF DEATH		LIN	TERVAL BETWEEN
DISEASES RISE TO TH UN DERLYII OTHER SIG TO THE DISEASE O	INTECENDENT CAUSE OR CONDITIONS, IF A E A80 VE CAUSE (A) ST NG CONDITION LAST. II NIFICANT CONDITIONS DEATH 8UT NOT REL R CONDITION CAUSING F OPERATION 198. CON WAS PER!	NY, GIVING ATING THE CONTRIBUTING TO	HE		or No) 208, IF YES, WERE	FINDINGS CON	ISIDERED H?
	L CAUSE WAS	los o		No			
UNDERLYING	OR CONTRIB- SE OF DEATH. (Month) (Doy) (Year)	etc.)	form, foctory, street, o	fice bidg., INJURY OCC	DID (If in Solfimore City, UR?	give exoct laca	tion)
OF INJURY (APPROX.)	(14tolian (15ty) (18th	V	VHILE AT NOT AT W	VHILE [D INJURI OCCUR:		
	URE	ale)	Suicide Suicide	Homicide _	AL EXAMINER X	nner 🗌	DATE SIGNED 6/9/65
BA. BURIAL CRE	MATION, 238, DATE		C. NAME of CEMETERY of	CREMATORY	23D. LOCATION (C	ity, town, or cou	nty) Stote)
Remo		1965	Greenlawn (Cemeterv	China Gro	ve. N.	C.
	8Y HEALTH DEPT.	248. NAME	OF REGISTRAR	24C. FUNERAL DIE			DRESS
JUN 14	1965 Robert	12, Fa	Dieu, M. A.		Brooks, Inc.		. Paul St
'S 151-REV. 1/1/							
		1 ()	1 6 1	A 14 LA E	(1)		V

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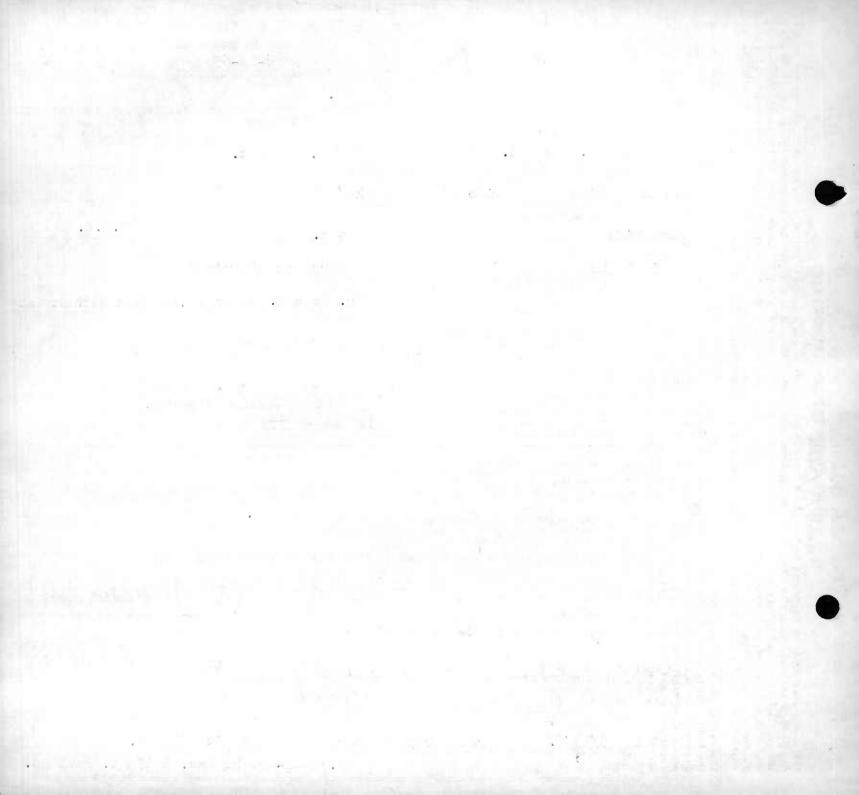
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	гн но.	MEDI	CAL EX	CAMINER'S CI	RTIFICAT	E OF	DEATH Registe	red No	
1	E CASE NO.	CFASED				DATE AN	ID HOUR BROWOUNG	ED DEAD	
(Ťy	pe ar Print)		N.Y	II COID	DATES?	1000	O 1065	ED DEAD	2.10 D
3. F	LACE IN BAL	MARIO		H. COUR			9, 1965	itutian: resider	3:10 P M.
					A. STATE Mar	yland	deceased lived. If inst B. COU	INTY	
FU	SPITAL OR	(IF NOT IN HOSPITA	AL OR INSTITUTION)	JTION, GIVE STREET			le corporote limits, write	RURAL and	give township)
INS	TITUTION				Ba1	timore		11	-1
7	M	ercy Hospital			D. STREET ADDR				0
	M	ercy mospicar			120	7 N. C	alvert Stree	t	
5. 5	EX	6. RACE		NEVER MARRIED DIVORCED(specify)	B. DATE OF BIRTH		9. AGE (In years last birthday)		Yr. If Under 24 Hrs.
	Female	White	Wido		March 15	1000	50	TVIGITITIS DC	ays i moors will.
				BUSINESS OR INDUSTRY	11. BIRTHPLACE	Stole or foreign		12. CITIZEN	
don	Manas Manas	warking life, even if retired)	Jeffe	rson Apts.	Raltimo	no Me	haelua	U.S.	COUNTRY?
13.	FATHER'S NA	ЙE	, 00110	room apos	Baltimo	AIDEN NAM	E	1 0.0	4.23.4
	Will:	iam Hunt			Gertru	ide Sar	nders		
		ED EVER IN U.S. ARMED		16. SO CIAL SECURITY NO.	17. INFORMANT			ADDRESS	
	, 110 01 011 110 110	The year, give war of dole	3 01 36141667	213-34-6669	William	Hunt	Earle Co	urt Ant	te.
	18.	210			OF DEATH		20120 00	-	TERVAL BETWEEN
	DISEA	SE OR CONDITION DI	DECTI V					0	NSET AND DEATH
	MEDICAL PROPERTY.	LEADING TO DEATH		(A) Portal	Cirrhosi	s.			
	(This does hear foilure	not meon the mode of	dying, e.g., the disease.	DUE TO		***************************************			000000000000000000000000000000000000000
	injury or co	implication which caused	deoth.)						
		ANTECENDENT CAUSE		(B)				CATA	
	RISE TO TH	OR CONDITIONS, IF A		DUE TO		***************************************			***************************************
7	UNDERLYI	NG CONDITION LAST.		(C)					
ERTIFICATION									
S	OTHER SIG	INIFICANT CONDITIONS	CONTRIBUTI	NG					
E	DISEASE C	DEATH BUT NOT REL	IT.	nt		•••••			
E.	19A. DATE O	F OPERATION 198, CON		WHICH OPERATION	20A. AUTOPSY?	(Yes or No)	20B. IF YES, WERE FIN		
L C	2				Yes				Yes
5	UNDERLYING	OR CONTRIB-	21 B.	PLACE OF INJURY (e.g., i , form, factory, street, a	n ar abaut 21C. W ffice bldg., INJURY	OCCUR?	(If in Boltimore City, given	ve exact lacat	tian)
4EDIC	UTING LCAL	JSE OF DEATH.	etc.)						
Σ	21 D TIME OF INJURY	(Month) (Doy) (Year) (Hour) 2	1 E. INJURY OCCURRED	21 F. HO	LINI DID W	URY OCCUR?	1 10 17	
	(APPROX.)		m. V	VHILE AT NOT V	VHILE D				
	22.	tify that I held an I	aguiry 🗌	Inspection Aut	apsy X and	that an th	is basis, death in m	v oplnien	
		Ited fram: Natural cas		ccident Suicide			Undetermined manne		
	1620	Trea fram. Transfer Car	JSES [A]	301clae		DICAL EX		er	
	ACTUA	L (0)	1. 1	1-					DATE SIGNED
	SIGNAT		les 3	1 414 M.D.	ASSISTANT ME		from a		6/9/65
	HAME (les S.	Petty, M.D.	ASSOCIATE MI	EDICAL E	XAMINEK		
	BURIAL CRI		23	C. NAME of CEMETERY of	CREMATORY	23 D. L	OCATION (City,	tawn, ar cour	nty) (State)
	Burial	6/12/6	55	Lorraine Par	k	Ba	altimore Co	unty Ma	aryland
244	. DATE REC'D	BY HEALTH DEPT.	24B, NAME	OF REGISTRAR	24C. FUNERA	L DIRECTOR		ADI	DKE33
	HIN 1	1 1965 A A	C.T.	0. 113	Wm. Co	ok-Br	ooks Inc. 1	217 St	. Paul St.
VS	151-REV. 1/1.	765 U Walt	P C ATO	The same of the sa	0 1 7	63 8	}		

. In the second of the second A CONTRACTOR OF THE CONTRACTOR



1	RTH NO. 65 6223		HEALTH DEPARTMENT	Registered Na.	65 6223
M.	LE CASE NO. NAME OF DECEASED ype oi Print) Bertha I			AND HOUR OF DEATH	
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND	Jawar as			institution: lesidence before admission
	FULL NAME OF (If not in hospital or institut HOSPITAL OR oddiess or location)	tion, give street	Md. c. city or town (16 or Baltimor	outside city limits, write	7-0-3
0	Century Nursing F 102 N. Paca St.			If rutol, give location)	
5.	WiDe	RIED, NEVER MARRIED OWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday) 86	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10/	A. USUAL OCCUPATION (Give kind of work 10 B. KIN	Widowed D OF BUSINESS OR INDUSTRY	10/2/1878		12. CITIZEN OF
do	Housewife - FATHERS NAME				12. CITIZEN OF WHAT COUNTRY? U.S.A.
13.	FATHERS NAME		Penn. 14. MOTHER'S MAIDEN N.	AME	
	Lewis Hughes		Mary Ann E	dwards	
15.	Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	TOTAL GD	ADDRESS
(10	es, no or unknown) (If yes, give wor or dotes of serv	SECURITY NO.	Mr. John C.	Edwards, 60	06 East 34th Street
CERTIFICATION	heat failure, asthenio, etc. It means the disciniury at camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, give to the abave cause (A) stating UNDERLYING CONDITION last. I OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A.DATE OF OPERATION 19B. CONDITION WAS PERFORMED	ving (C) JTING	ferosclar en-alte ferreisj	No) 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (nutify medical examiner)	21 B. PLACE OF INJURY (e.g., in home, form, foctory, street, offered)	i oi obout 21 C. WHERE DfD fice bldg., INJURY OCCUR?	(If in Boltimo	re City, give exoct locotion)
MEDIC	21D. TIME (Month) (Doy) (Yeor) (Hour) OF INJURY (APPROX.)	21 E. INJURY OCCURRED While At Not While Work Not Work	21F. HOW DID IN	NJURY OCCUR?	1 -
	22. I certify that (1) (this hospital) attend that (1) (we) last saw the deceased alive		10 19 6 mand 1	19 ta de	olinian death accurred on the date
	and haur and fram the causes stated above 23A. SIGNATURE CULLAND 23C. PHYSICIAN'S NAME (Type) OUT TO POSSIBLE AND POSSIBLE	ve. (I) (did) (did bt) v	iew the bady after death		23B, DANE SIGNED 65
24	REMOVAL (Specify)	C. NAME of CEMETERY or CRE			City, town, or county) (Stote)
25.	Burial 6/14/65 A. DATE REC'D BY HEALTH DEPT. 258. NA	Grand Army Cem	25C. FUNERAL DIRECTO	Summit Hill cooks Inc. 1	ADDRESS
VS	150-REV. 1/1/65	1 Choch	0 51 57 57	1	21202



FUNERAL DIRECTOR: IMPORTANT

			BALTIMORE CITY	HEALTH DEPARTMENT		0004
BIRTH NO. M.E. CASE NO.		224	CERTIFICA	TE OF DEATH		65 6224
Type or Print)		GOSNELL,	CAROLINE		and hour of death ane 10,1965	6:00 A M
PLACE OF DE	ATH IN BALTIMORE, MA	RYLAND			hore deceased lived. If i	nstitution: residence before admission)
FULL NAME OF HOSPITAL OR INSTITUTION	OF (If not in hospital oddross or locolic St. Joseph Ho	n)	give street	Maryland C. CITY OR TOWN (IF A Baltimore D. STREET ADDRESS (outside city limits, writo	RURAL ope give township)
				1544 Holbrod	ok Street - 1	L3
sex Female	6. RACE White		NEVER MARRIED D. DIVORCED (specify) Ted	8. DATE OF BIRTH	9. AGE (In years lost birthdoy) 72	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
one during most of	working life, even if retired)			11. BIRTHPLACE (Store or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
	Board Oper.	St.	Joseph's Hosp			U.S.A.
3. FATHER'S NA				14. MOTHERS MAIDEN N.	AME	
	Louis M.	Zeller		Margaret	Buechner	
5. Was Deceased	Ever in U. S. Armed Fo	rcos? os of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No			217-18-0811	Mrs. Florenc	e Carroll	210 Highmeadow Rd.
1B. 🚉 🧟	3 Y1	***	CAUSE O	DEATH		INTERVAL BETWEEN
(This does	SE OR CONDITION DI LEADING TO DEATH nal mean lhe made af	dying, e.g.,	(A) Pn	eumonia, (bila	teral)	ONSET AND DEATH
injury at car	asthenia, etc. II means mplication which caused ANTECEDENT CAUSES	death.)	(0)	rebral-vascular	e Embolism	
DISEASES (OR CONDITIONS, if e abave cause (A) G CONDITION last.	any, giving	(C) And	erioscIerosis1		
E TO THE D	IFICANT CONDITIONS (DEATH BUT NOT REL CONDITION CAUSING	ATED TO TH				
		IDITION FOR	WHICH OPERATION	None None	No. 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
OR CONTRIB	NT WAS UNDERLYING DITING CAUSE OF modical axaminer	21 B. hom otc.	e, form, foctory, street, of	or about 21C. WHERE DID fice bldg., INJURY OCCUR?	(If in Boltimor	e City, give exoct locotion)
21D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Yoot)		INJURY OCCURRED ile At Not While the At Work	21F. HOW DID IN	JURY OCCUR?	
22. I certify	that (1) (this hospita	1) attended t	he deceased from	June 1,	19 65 ta	June 10, 19 65
				19 65 and to	that in(my) (aur) api	nion death accurred on the date
23A. SIGNATU						23B. DATE SIGNED
7	11	12	M.D. Atte	nding Med.	Stoff Phys.	June 10,1965
23C. PHYSICIA NAME (1	[vnol	o R. Car		23D. ADDRESS	ne Street -	21213
4A. BURIAL CRE	MATION, 248. DATE	24C. N	ME of CEMETERY OF CRE	MATORY 24D.		ity, town, or county) (Stoto)
Burial	June 13	1,65	Moreland Mem.	Park B	altimore Co	unty, Maryland
SA. DATE REC'D	BY HEALTH DEPT.	258. NAME C	OF REGISTRAR	25C. FUNERAL DIRECTO	OR .	ADDRESS
JUN 14	1965 R.O. B	12 Fa.	2.42	Wm Cook-Bro	oks, Inc.	1217 St. Paul St.
/S 150-REV. 1/1/	65		51 kg (4 1)	0 1 7 9	6)	

: a lease E. a. iturista

	65 67	295 BALTIMORE CITY	Y HEALTH DEPARTMENT		65 6225
BIRTH NO. M.E. CASE NO,	00 0	CERTIFICA	TE OF DEATH	Registered Na.	•
1, NAME OF DE	CEASED		2. DATE A	ND HOUR OF DEATH	
	Robert	t Watkins		June 13. I	1965 3:45a
. PLACE OF D	EATH IN BALTIMORE, MAI	RYLAND	4. USUAL RESIDENCE (Wh	ere deceased lived. If in	stitution: residence before admissi
FULL NAME	OF (If not in hospital a	or institution, give street	Marylar	nd	19-12
HOSPITAL OR	address or location)	C. CITY OR TOWN (If o		RURAL ond give township)
G		nt Hospital	Baltimor	re	
		vision Street	D. STREET ADDRESS (II	frural, give location)	
		re, Maryland 21217		Fulton Avenu	ue
SEX	6. RACE	7, MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 H Months: Days Hours Min.
Male	Negro	~?	July 10,1917	119	7
A. USUAL OC	CUPATION (Give kind of work working fife, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF WHAT COUNTRY?
PM	ter	Loinenin	Virginia		USA
FATHER'S NA	ME	0 0 0	14. MOTHER'S MAIDEN NA	AME	
			Mary in	9 mint	Leus Address
. Was Decease	unknown	es? 1 6. SOCIAL	17. INFORMANT	your	eus)
es, no or unknow	(If yes, give wor or dotes	of service) SECURITY NO.			ADDKE33
no		212-09-9910	Bertie Harris-	-landlady	same
1B. 60	0,01	CAUSE	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEA	ASE OR CONDITION DIR	ECTLY	UREMIA		ONSEL AND DEATH
(Th: 1	LEADING TO DEATH	(A)	~/~~		
	not mean the mode of , asthenio, etc. It means	dying, e.g., DUE TO			
	implication which coused	deoth.)	HONIC PUEL	111-7.11	
rise to the UNDERLYIN	OR CONDITIONS, if a he above cause (A) IG CONDITION last.	The second secon			
TO THE	NIFICANT CONDITIONS CO DEATH BUT NOT RELA R CONDITION CAUSING IT OF OPERATION 1198, COND	TED TO THE	20A. AUTOPSY? (Yes or N	208 IE VEC MERE	FINDINGS CONSIDERS
19A. DATE O	WAS PERF	ORMED	no	IN CERTIFYING CA	USES OF DEATH?
OR CONTRIE	ENT WAS UNDERLYING DUTING CAUSE OF y medical examined	218. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	n or obout 21C. WHERE DID	(If in Boltimore	e City, give exact location)
21 D. TIME	(Month) (Doy) (Year)	(Hour) 21E. INJURY OCCURRED	21 F. HOW DID IN	JURY OCCUR?	
OF INJURY		White At Not Whil			
		Work At Work			
		attended the deceased fram		.19 <u>65</u> ta	June 13, 19 65
that (I) (we) last saw the deceased	d alive an June 13	319 <u>65</u> and tl	hat in (my) (aur) api	nian death occurred an the c
and how a	d from the causes synte	ed abave. (I) (We) (djd) (did nat) v	view the bady after death.		
23A SIGNAT					23B, DATE SIGNED
1	the Alm	hand In M.D. Att	ending Med.	Stoff	7 71 7065
		Phy	23D. ADDRESS	Phys.	June 14, 1965
23C. PHYSICI NAME	Type)		7,000		
	Hollis Se	eunarine M.D.	1514 Division	Street. Bal	ltimore, Marylan
4A. BURIAL CR	EMATION, 248. DATE	24C. NAME of CEMETERY OF CR	EMATORY 249.	OCATION (Ci	ty, town, or county) (State
Frus	no 6-15-16	5 tamily of	let Vi	El RSIA,	Vermin
SA. DATE REC'	D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTO	Ry	AQDRESS
JUN 15	1965 (P.D. B	E, Farley Hill	(ast, 4,0	maso - 18.	27 111 KASTI 4
S 150-REV. 1/1		1 13 1 15 15 15		0	1/00//00000
		the state of the s		276	

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65 6226

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4			a	U

BIRTH NO. 58	-304251	MEDICAL EX	AMINER'S CE	RTIFICATE C	OF DEATH Registe	red Ndy OCCO
M.E. CASE NO.	C. L. C.					
Type or Print)		-14 0-:		2. DA1	TE AND HOUR PRONOUNCE	
PLACE IN BAL		ald Goines	INCED DEAD	. USUAL RESIDENCE	June 13, 1965 Where deceased lived. If insti	1:00 A.M. tution: residence before admission) NTY
				A. STATE Mary		NTY
HOSPITAL OR	ADDRESS C	HOSPITAL OR INSTITU OR LOCATION)	TION, GIVE STREET		autside carporate limits, write	RURAL and give township)
NOITUTITZN				Balt:	imore	8-03
	C2 tons	Hoonitola		D. STREET ADDRESS (f rural, give lacation)	
		Hospitals		867	Boyd Street	
s. sex Male	6. RACE Neg	WIDO WED,	NEVER MARRIED DIVORCED(specify) hild	10/14/58	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months, Days Hours, Min.
	UPATION (Give ki	nd of work TOB. KIND OF	BUSINESS OR INDUSTRY	Baltimore		12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAM			1	MOTHER'S MAIDEN		
Irvin	Goines			Lillian A	ishby	
		ARMED FORCES? or ar dates of service)		Mrs Lillian	Goines 867 Boy	ADDRESS Vd St
18. 7	1 12	CONTRACTOR OF THE PARTY OF THE	CALLE	OF DEATH		INTERVAL BETWEEN
27	/ / 1		CAUSE	OF DEATH		ONSET AND DEATH
DISEA	SE OR CONDIT LEADING TO	DEATH	Brot	chial asthma	a	
heart failure	, asthenia, etc.	made of dying, e.g., It means the disease,	DUE TO		0.00.000.000.00000000000000000000000000	
injury or co	mplication which	caused death.)				
1	ANTECENDENT		(R)			
DISEASES RISE TO TH	OR CONDITION	NS, IF ANY, GIVING	DUE TO			»«««««««««««««««««««««««««««««««««««««
	NG CONDITION	N LAST.	(C)			
<u> </u>						
OTHER SIG	NIFICANT CON	DITIONS CONTRIBUTION	IG			
L DISEASE O	R CONDITION				00++00+00++++00++00++00++00++00++++++0++	
19A, DATE OF		9B, CONDITION FOR V	WHICH OPERATION	20 A. AUTOPSY? (Yes	IN CERTIFYING CAUS	
			N A CE CE INVIVION	yes	ye	S
UNDERLYING	OR CONTRIB-	21B. hame etc.)	, farm, factory, street, affi	ce bldg., INJURY OCCL	DID (If in Baltimare City, giv JR?	ve exact location)
21 D TIME	(Month) (Day	r) (Year) (Haur) 2	IE. INJURY OCCURRED	21F. HOW DIE	NJURY OCCUR?	
(APPROX.)		m. V	HILE AT NOT W	TILE .		
22.	tify that I held	I on Inquiry	Inspection Auto	osy X and that	on this bosis, deoth In m	y apinion
resu	Ited from: Not	ural causes 🔀 🛚 🗚	ccident Suicide	HamicIde	Undetermined manne	or 🔲
ACTUA	. 0	, - (1		CHIEF MEDICA	L EXAMINER	DATE SIGNED
SIGNAT		m C: 0/4	le M.D.	SSISTANT MEDICA	L EXAMINER X	June 13, 1965
EXAMI		n F Adams	M D	SSOCIATE MEDICA	AL EXAMINER .	
NAME (n E. Adams,	C. NAME of CEMETERY or	CREMATORY	23D. LOCATION (City,	tawn, ar county) (State)
REMOVAL (Special	(a)	/16/65		emetry	A A County	
24A. DATE REC'D	BY HEALTH DE	PT. 248. NAME	OF REGISTRAR	24C. FUNERAL DIR	ECTOR	ADDRESS
JUN 1	1965 A	Dub E Fa	Oce MA	Adolphus I	Halstead 918 D	mid Will Ave
	20	0000	/		Transfer ATO D	I CTC BETT WAS

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24C. FUNERAL DIRECTOR

A. Halstead 1206 W. North Ave.

VS 151-REV. 1/1/65

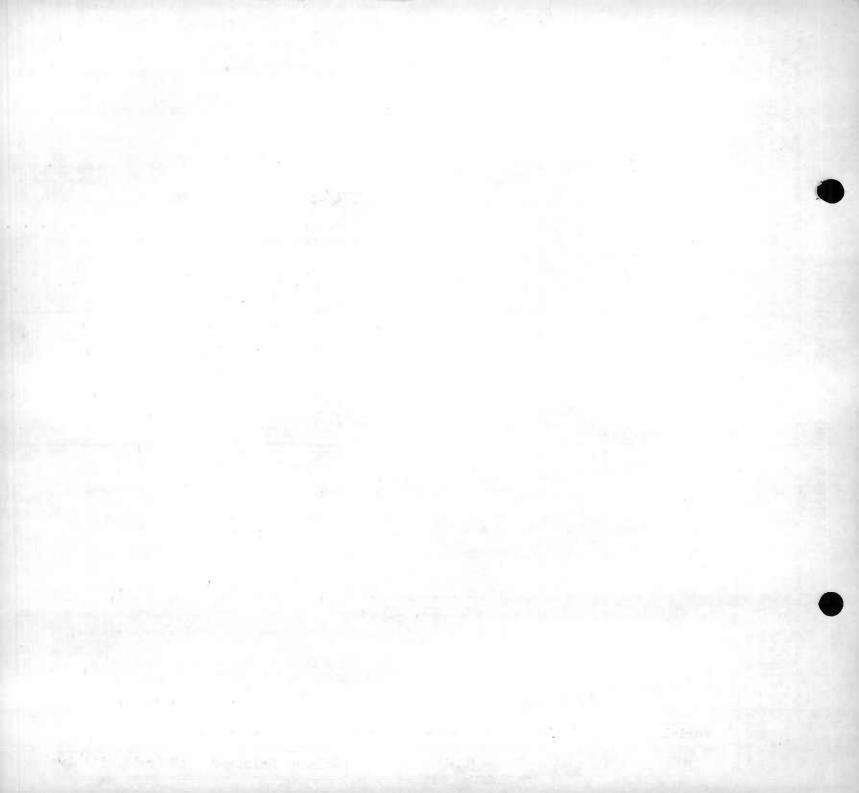
24A, DATE REC'D BY HEALTH DEPT.

248 NAME OF REGISTRAR

Marie Charten Colfe nave Colfe the state of the control of the state of the The state of the s A SEAR STREET, SALES A SEE SERVER

FUNERAL DIRECTOR: IMPORTANT

LE CASE NO.	ED	0747	28 CERTIFICA	la 84.55	AND HOUR OF STATE	и
NAME OF DECEAS ype or Print)		1 1 7			AND HOUR OF DEAT	
PLACE OF DEATH	Presi	dent D	avis	Jun	e 11, 1965	institution: residence before odmissi
TEACE OF BEATH	IN BALIIMORE, IMA	KIEAND		A, STATE B. COL	UNTY	Institution: residence before damissi
FULL NAME OF	(If not in hospital a	or institution,	give street	Ma	ryland	11-05
HOSPITAL OR	oddress or location)		C. CITY OR TOWN (IF	outside city limits, write	RURAL and give township)
				Bal	timore	
				D. STREET ADDRESS	(If rural, give location)	4.053(1)
Pro	ovident Hos	spital		454 St.	Mary's Stre	eet
SEX 6.1	RACE		NEVER MARRIED D, DIVORCED (specily)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 H Months: Days Hours Min
Male	Negro		owed.	3/1/05	6.7	TVIORING DOYS HOUSE
	TION (Give kind of work			11. BIRTHFLACE (State or Id	oreign country) 60	12. CITIZEN OF
one during most of work	ing life, even if retired)		200	Virginia		WHAT COUNTRY?
		110	ne			0.0
A FATHER'S NAME				14. MOTHER'S MAIDEN N	IAME	
	unknown			unknown		
. Was Deceased Eve	er in U. S. Armed Ford	ces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
es, no or unknown) (If	yes, give war or date:	s of service)	SECURITY NO.	Anna Mae Spe	ncer-daught	er 905 Wicklow
*			1		ncer-daugne	er Joy Wickley
1B.	2 XI		CAUSE O	FDEATH	0 1	INTERVAL BETWEEN ONSET AND DEATH
	OR CONDITION DIR	ECTLY				
LEA	ADING TO DEATH		"Cardi	ovascular Acc	ident-Throm	bosis
	.1 .	duing on	DUE TO		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
	mean the mode of		DUETO			
heart lailure, ast	henia, etc. Il means	the disease,				
heart lailure, ast injury ar complic	henia, etc. II means alian which caused	the disease,		estive Heart	Failure	
heart lailure, ast injury ar complic	henia, etc. II means calian which caused TECEDENT CAUSES	the disease, death.)		estive Heart	Failure	
hearl lailure, asl injury ar complic ANT	henia, etc. II means calian which caused FECEDENT CAUSES	the disease, death.)	(B) Cong		Failure	
hearl lailure, asl injury ar complic ANT	henia, etc. II means calian which caused FECEDENT CAUSES CONDITIONS, if above cause (A)	the disease, death.)	(B) Cong	estive Heart	Failure	
heart laiture, ast injury ar complic ANT DISEASES OR rise to the complete the compl	henia, etc. II means calian which caused FECEDENT CAUSES CONDITIONS, if above cause (A)	the disease, death.)	(B) Cong		Failure	
heart lailure, ast injury ar complic ANT DISEASES OR rise to the UNDERLYING C	henia, etc. II means calian which caused rECEDENT CAUSES CONDITIONS, if above cause (A) ONDITION last.	the disease, death.) any, giving stating the	(B) Cong		Failure	
heart lailure, ast injury ar complic ANT DISEASES OR rise to the UNDERLYING C	henia, etc. II means calian which caused rECEDENT CAUSES CONDITIONS, if above cause (A) CONDITION last.	the disease, death.) any, giving stating the ONTRIBUTING	(B) Cong		Failure	
hearl lailure, asl	henia, etc. II means calian which caused rECEDENT CAUSES CONDITIONS, if above cause (A) CONDITION last. II ANT CONDITIONS CONDITIONS CONDITIONS CAUSEN CAUSEN CONDITIONS CAUSING IT BUT NOT RELANDITION CAUSING IT	the disease, death.) any, giving stating the CONTRIBUTING TO THE	(B) Cong DUE TO (C) Pneu G	monitis		F FINDINGS CONSIDERED
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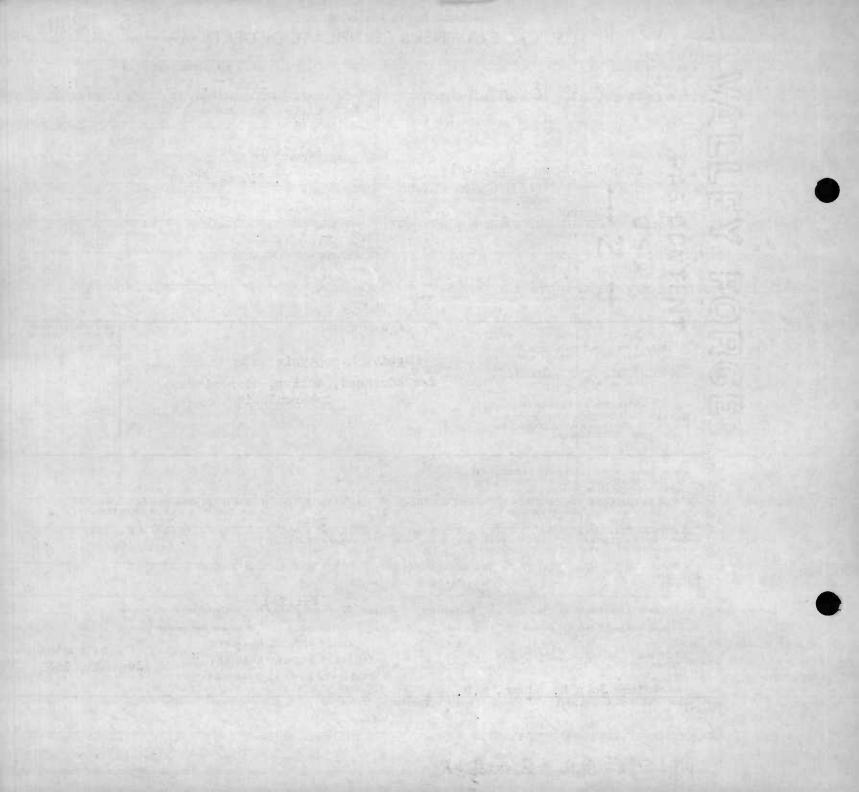


This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death, Such written approved must be obtained hebers the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

	CE	0000	BALTIMORE CITY	HEALTH DEPARTA	MENT	C5 C990
NRTH NO.		6229	CERTIFICA	TE OF DEA		65 6229
Type or Print)		SOM	ALMETT		13 TONE	1175
B. PLACE OF DEA	TH IN BALTIMORE MA		77-1-16		13 JUNE CE (Where deceased lived.	1 963 77 74
				A. STATE	B. COUNTY	1/
FULL NAME O		or institution,	give street	Maryle	end	7-02
INSTITUTION	oddress or locotion	1)		C. CITY OF TOWN	(If outside city limits, wr	rite RURAL ond give township)
-1				The second second	nore	
linia:	Hospital		200	D. STREET ADDRESS	1	
gried	100 Alecon			624 W	la Jaratoga,	, 21201
. SEX	6. RACE	7. MARRIED,	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr If Under 24 Hr Months Days Hours Min.
F	N		DIVORCED (specify)	8/27/	22 lost birthday	Months Days Hours Min.
DA. USUAL OCCI	JPATION (Give kind of work	Mar 108, KIND OF	BUSINESS OR INDUSTRY		10-	12. CITIZEN OF
	working life, even if retired)				,	WHAT COUNTRY?
Hou	sevife			Virgi	enla	USA
3. FATHERS NAM	AE 2			14. MOTHERS MAIL	DEN NAME	
				7		
W D	F	9	11 (200111	17 1110011111		
es, no or unknown	(If yes, give war ar date	s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT	10 0	ADDRESS
Onknown			7	2 to mi	Dread	
10	,0		CAUSE	F DEATH	, , , , , , , , , , , , , , , , , , , ,	INTERVAL BETWEEN
	E OR CONDITION DIR	CTI V				ONSET AND DEATH
	LEADING TO DEATH	ECILI	110	-0	10	
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heart failure,	asthenio, elc. Il means	the disease,				
injury or cam	plication which coused	death.)	Li	PATAGO		7,0000
,	ANTECEDENT CAUSES		(8) // Z	PATOMA	X	
DISEASES C	R CONDITIONS, II	ony, giving	502 10			
rise la the	obave couse (A)		(C)			
UNDERLYING	CONDITION last.					
	- 11					
OTHER SIGNI	FICANT CONDITIONS C	ONTRIBUTING	4	. /		
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19A. DATE OF			VHICH OFFRATION	20 A. AUTOPSY? (Y	es or No) 20B. IF YES, WE	RE FINDING
-	- WAS PERF	OKMED			IN CERTIFYING	CAUSES OF D.
3 21 A. ACCIDEN	IT WAS UNDERLYING	21B.	PLACE OF INJURY (e.g., i e, form, foctory, street, o	n or obout 21 C. WHER	E DID (If in Boltis	more City, give exact locohou
OR CONTRIBU	TING CAUSE OF medical examiner	hom etc.)	e, form, foctory, street, o	ffice bldg., INJURY OC	CUR?	
)			-			
OF INJURY	(Month) (Doy) (Year)	(Hour) 21E.	INJURY OCCURRED	21F. HOW	DID INJURY OCCUR?	
(APPROX.)		Whi	le At Not While At Work	e		
00 1						
			ne deceased from		19 65 to 1	
that (1) (we)	lost sow the decease	d olive on	13 JUNE	= 19 65	and that in (my) (our)	opinion death occurred on the do
			(We) (did) (1000)			35 Am
23A. SIGNATU		2	/ (0.07 (0.07 0,000)	TOW THE DOOR Offer	ueum.	23B, DATE SIG
11	1.0 1	///	M.D. Atte	ending Med.	Stoff	
11	avy / //	Colul.	M.D. Phy		or Phys.	13 JUNE 65
23C. PHYSICIA NAME (T)	N'S /			23D. ADDRESS		
NAME (I)	per /		M.D.			
AA BUIDIAL COS	AATION TOUR TITE	le :e ::				
REMOVAL (S	AATION, 248. DATE		ME of CEMETERY of CRI		24D. LOCATION	(City, town, or county) (State)
Burial	6/18/6	5 Mt	Calvary Cem	etry	A A County	Md
	BY HEALTH DEPT.	25B. NAME O		25C. FUNERAL D		ADDRESS
IIIN TE	1965 A. D. F	E. fa.		Adolphus		
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S 150-REV. 1/1/6	5	1 :		1	1 3	

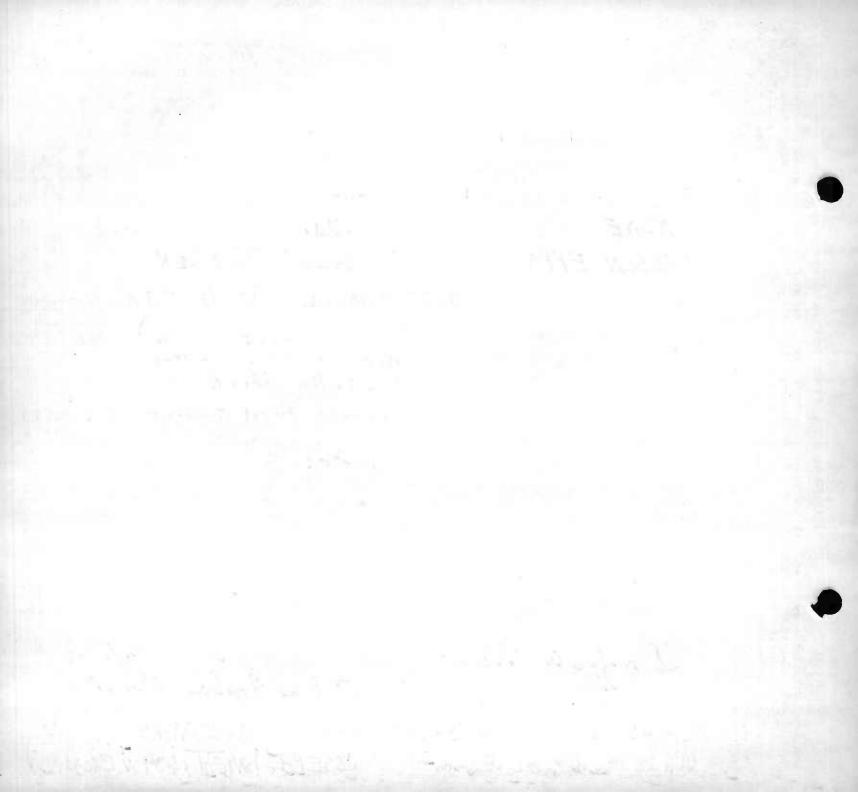


11-11



	NAME OF DECEASED E-the/ Smith	ATE OF DEATH 2. DATE AND HOUR OF DEATH	3 30 p
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived. If ins A, STATE B, COUNTY	stitution: residence before admis
dec	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR Oddress or location) INSTITUTION	C. CITY OR TOWN (If outside city limits, write Ri	URAL and give township)
atte rior	THE JOHNS HOPKINS HOSPITAL	D. STREET ADDRESS (If rurol, give location)	1
regular sceased p	SEX 6. RACE 7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. , If Under 24
Sed ma	WIDOWED, DIVORCED (specify)	lost birthdoy)	Months Doys Hours N
0 D S 10	F N MARRIED A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY	7-27-13 51 Y 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF
E 0 do	one during most of working life, even if retired)	The state of total country	WHAT COUNTRY?
e d sitis	NONE	Mai	U,5,a1
	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
≥ ÷ ds	CALSAN FIFS	SALLY LUCKER	
T 0 13	. Wos Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT	ADDRESS
deat nce o final	es, no or unknown) (If yes, give war or dotes of service) SECURITY NO. 2,13-20-7.555	ARLENE FIELDS 171	2 D. TINNA
	7.0		JAU ILANA
or		OF DEATH	ONSET AND DEATH
9 0	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	-diac Arrest 2nd+	20 min
E	(This does not meen the mode of dying, e.g., DUE TOA	-diac Arrest 2nd-te	3071.7
. 0	heart failure, asthenia, etc. It means the disease,	Te rollmonary Lorema	1
Ω E	injury or complication which coused death.)	nsolin Shock	7 hours
0	ANTECEDENT CAUSES (B) DUE TO		
5	DISEASES OR CONDITIONS, if ony, giving rise to the obave couse (A) stoting the	ironic Renal failur	e 2 year
1	UNDERLYING CONDITION lost,	1 200000000000 0 0 0 0 0 0 0 0 0 0 0 0 0	
	TI TI	,	
ore the remain	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	abetes	
the THE	19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FI	INDINGS CONSIDERED
P C	21A ACCIDENT WAS UNDERLYING TO 21B BLACE OF INJURY (Yes .	
4	On CONTRIBUTION OF CALLES OF	office bldg., INJURY OCCUR?	City, give exact location)
	DEATH (notify medical examiner)		
MED!	21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21 F. HOW DID INJURY OCCUR?	
W	(APPROX.) While At Work At Work	le	
3	22. I certify that (1) (this hospital) attended the deceased frame	G /11 19 G 5 ta	6/11 10
5	6/11	110	17
	that (I) (we) last saw the deceased alive an		ian death occurred an the
	and haur and from the causes stated obave, (1) (We) (did) (did nat)		W *4
	23A. SIGNATURE		23B. DATE SIGNED
0	I right W. Marked M.D. Att.	tending Med. Staff ys. Director Phys.	6/1/65
	1000	23D. ADDRESS	11 0
		Telina Haster &	Losport
	DOUGLAS W. MACKAE		1
2.4	A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY OF CR	REMATORY 24D. LOCATION (City	y, town, or county) (S)
	REMOVAL (Specify)	1 . 1 . 1	A
24	BURIAL 6-16-65 BALTO-NATIO	DNAL BALTIMON	RE MA
24 25	BURIAL 6-16-65 BALTO-NATIONAL DEPT. 258. NAME OF REGISTRAR.	DNAL BALTIMON	RE MA

BALTIMORE CITY HEALTH DEPARTMENT



	Pe or Print)	KOUVARI		GUST	JUNE		12:00 P _M .
1	3. PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF (If not in hospital or institution, give street oddress or lacotion) ST AGNES HOSPITAL				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY MARYLAND C. CITY OR TOWN (If autside city limits, write RURAL and give township) BALTIMORE D. STREET ADDRESS (If rural, give location) 2237 REISTERSTOWN RD. #17		
	MALE	WHITE	WARE	NEVER MARRIED	1/17/1885	9, AGE (In years last birthday) 80	If Under 1 Yr. If Under 24 Hrs. Manths Days Haurs Min,
do	House Pa	working life, even if retired) Rinter	LIGB. KIND OF	BUSINESS OR INDUSTR	GREECE		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13,	SAMMY Kouvaris				14. MOTHERS MAIDEN NAME CALIOPIE ZELOPOS		
15. (Ye	Was Deceased s, na ar unknawn NO	Ever in U. S. Armed Fa (If yes, give war ar date None	rces? es af service)	16. SOCIAL SECURITY NO.	ST AGNES HO	SPITAL CA	ADDRESS TON & WILKENS AV
IFICATION	DISEASES O	R CONDITIONS, il a abave cause (A) CONDITION lost.	any, giving	(C)	Ppeu domonas	_ Рпечт.	ma.
ATION	TO THE DI	II FICANT CONDITIONS (EATH BUT NOT REL CONDITION CAUSING	ATED TO THE				
RTIFICATION	TO THE DI	FICANT CONDITIONS	ATED TO THE	E	20A. AUTOPSY? (Yes or No	208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
CAL CERTIFICATION	TO THE DI DISEASE OR 19A. DATE OF	FICANT CONDITIONS (EATH BUT NOT REL CONDITION CAUSING OPERATION 19B. CON	ATED TO THE IT. IDITION FOR V FORMED	E WHICH OPERATION PLACE OF INJURY (e.g., e, form, foctory, street,	in ar about 21 C. WHERE DID office bldg.,	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH? re City, give exact lacation)
MEDICAL CERTIFICATION	TO THE DI DISEASE OR 19A. DATE OF	FIGANT CONDITIONS CEATH BUT NOT REL. CONDITION CAUSING OPERATION 179B. CONWAS PER IT WAS UNDERLYING TING CAUSE OF	ATED TO THI IT. HOITION FOR V FORMED 218. ham etc.)	PLACE OF INJURY (e.g., e, form, factory, street, injury occurred Nat Wh	in ar about 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Baltima	
CAL	TO THE DIDISEASE OR 19A. DATE OF 21A. ACCIDEN OR CONTRIBU DEATH (notify 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we)	FICANT CONDITIONS (EATH BUT NOT REL. CONDITION CAUSING OPERATION 198. CONWAS PER IT WAS UNDERLYING TING CAUSE OF medical examine) (Manth) (Day) (Year) that (I) (this hospital last saw the decease I from the causes sto	ATED TO THI INDITION FOR V IFORMED 21B. ham etc.) (Haur) 21E. Whi Wor 1) attended the dalive an ted above. (I	PLACE OF INJURY (e.g., e, form, factory, street, e) INJURY OCCURRED ILLE At At Work At Wor	in ar about 21C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID INJURY OF INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR?	URY OCCUR? 9 65 to JUN of in (my) (aur) ap Staff Phys.	inlan death accurred an the date

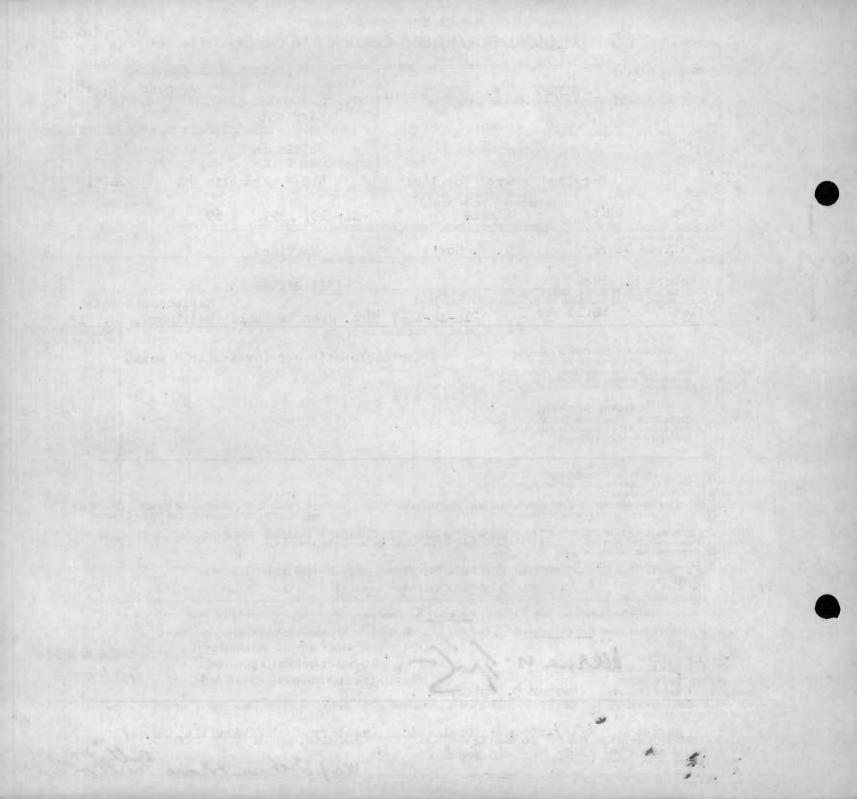
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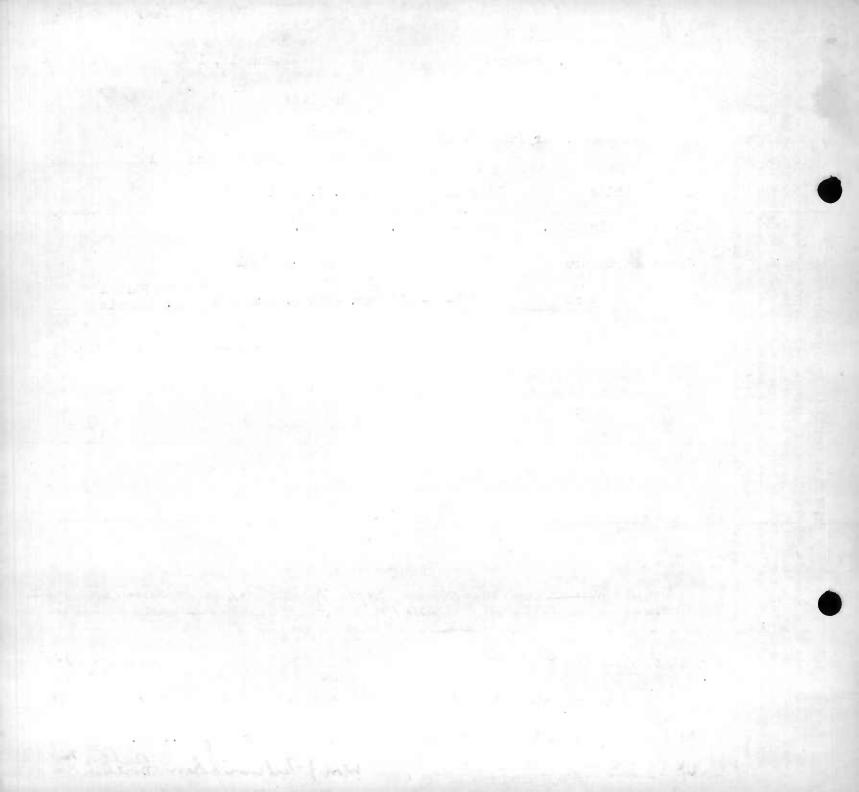
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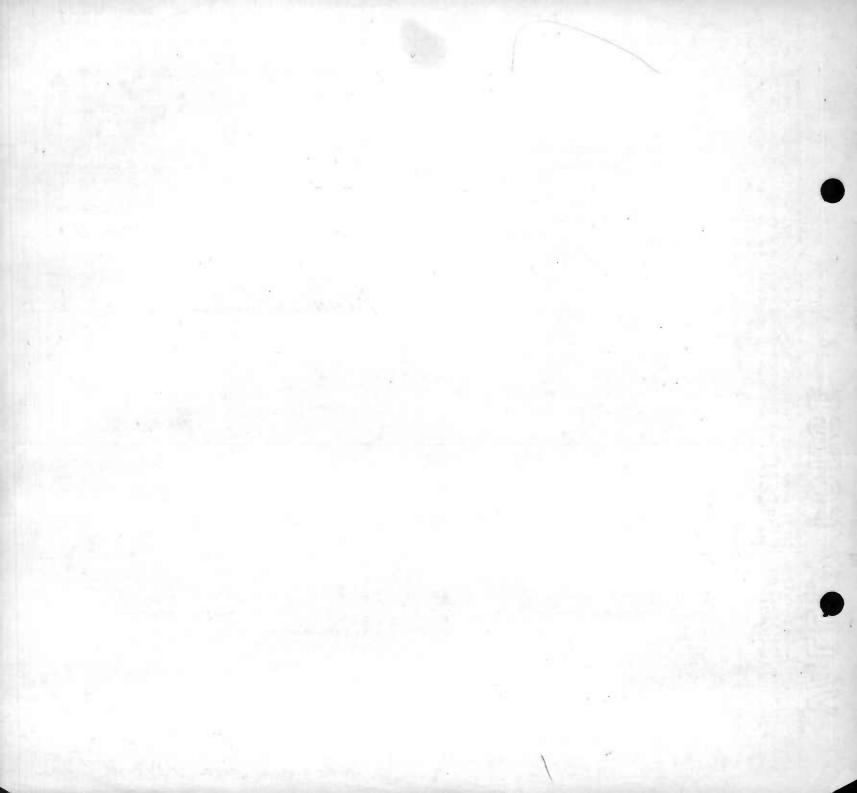
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65 AMEDICAL EXAMINER'S CERTIFICATE OF DEATH Registere

	DICAL LA	AMIIIAEK 2 C	EKTIFICATE OF DEATI	Registered No.	
A.E. CASE NO.		***	2. DATE AND HOUR P	PRONOLINCED DEAD	
. NAME OF DECEASED Type or Print	ים זוכוי	Dance			
JOSE. PLACE IN BALTIMORE, MARYLAND,	WHERE PRONO		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission B. COUNTY Maryland		
ULL NAME OF (IF NOT IN HOSI IOSPITAL OR ADDRESS OR LO NSTITUTION	PITAL OR INSTITU CATION)	UTION, GIVE STREET	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)		
0			Baltimore D. STREET ADDRESS (If rurol, give location)		
Marylan	d Genera	1 Hospital	410 W. Franklin	St. 21201	
male white		NEVER MARRIED DIVORCED (specify)		E (In years If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.	
one during most of working life, even if retire Retired Clerk	d)	S. Gov't	Maryland	12. CITIZEN OF WHAT COUNTRY?	
B. FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
Robert B. Bruce 5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL			Grace Barnes 17. INFORMANT ADDRESS		
es, no or unknown) (If yes, give war or d	otes of service)	SECURITY NO.	Marlborough Apts.		
118.		214-14-1857	Mrs. John Marshall B	Baltimore, Md. 17	
4232		CAUSI	OF DEATH	ONSET AND DEATH	
DISEASE OR CONDITION LEADING TO DEA	DIRECTLY TH		sclerotic cardiovascul	ar disease	
(This does not meon the mode heart failure, osthenia, etc. It me injury or complication which cause	of dying, e.g., ons the disease, d death.)	DUE TO			
DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LAS	ANY, GIVING	(B)			
OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT DISEASE OR CONDITION CAUSI 194. DATE OF OPERATION 198. C	RELATED TO T	NG HE			
19A. DATE OF OPERATION 19B. C	ERFORMED	WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES	S, WERE FINDINGS CONSIDERED YING CAUSES OF DEATH?	
C 21A, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	21 B. home etc.)	PLACE OF INJURY (e.g., o, farm, factory, street,	in or obout 21 C. WHERE DID (If in Bollim office bldg., INJURY OCCUR?	ore City, give exact lacation)	
21D TIME (Month) (Day) (Y OF INJURY (APPROX.)		WHILE AT NOT AT W	21 F. HOW DID INJURY OCCU	R?	
ACTUAL MOO 3	Inquiry A	Accident Suicid	and that on this basis, to the Hamicide Undetermine CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER	ned manner DATE SIGNED	
EXAMINER'S NAME (Type) Wer	ner U. 8	pitz, M.D.	ASSOCIATE MEDICAL EXAMINER		
3A. BURIAL CREMATION, 23B. DATE EMOVAL (Specify)	-	C. NAME OF CEMETERY	or CREMATORY 23D. LOCATION	(City, town, or county) (State)	
Burial 6/14/	1965	Druid Ridge	Cemetery Pikesvi	lle. Md.	
JUN 15 1955 Pole		OF REGISTRAR	Wal Juhne	8 Delty my 21	
'S 151-REV. 1/1/65	1 0	4 5 6 0	13 13 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	SAM OF POWER OF THE	







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BALTIMORE CITY HEALTH DEPARTMENT

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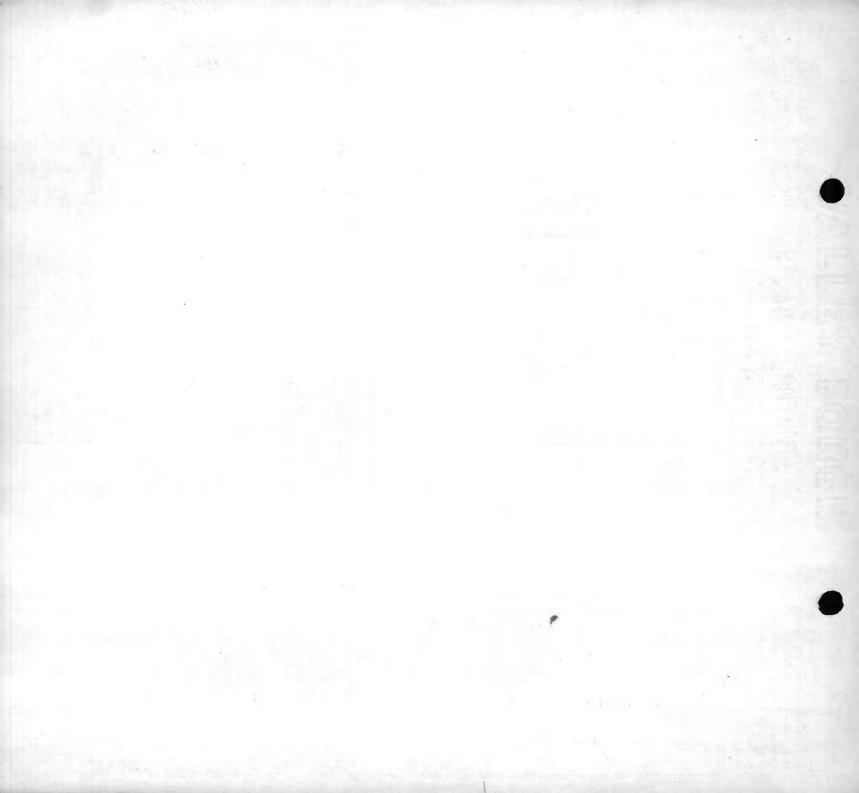
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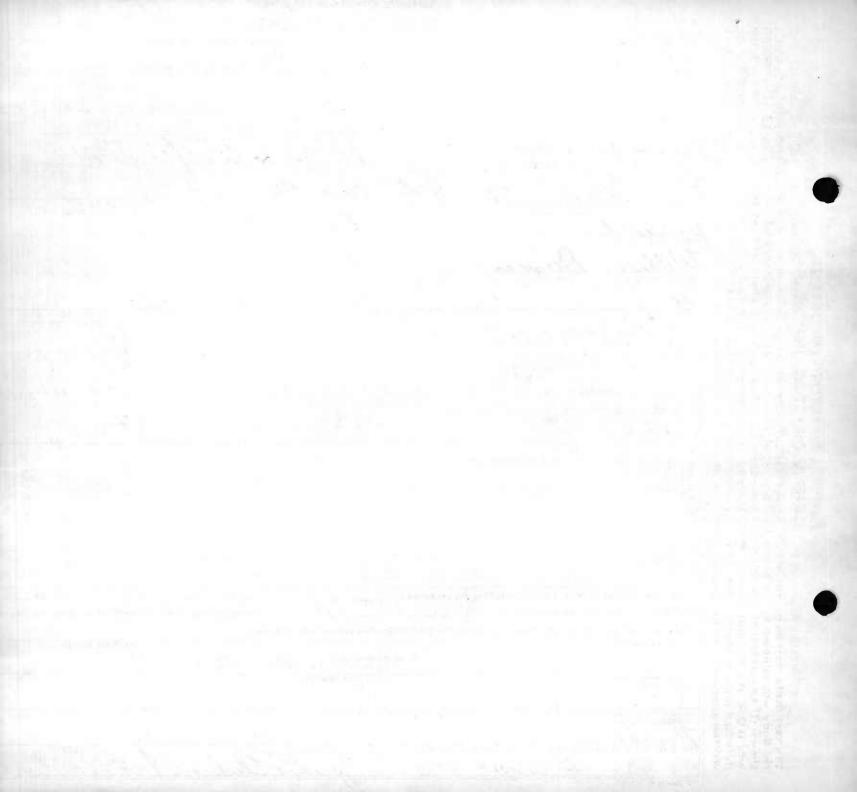
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72.7	BALTIMORE CITY	HEALTH DEPARTMENT	6/10/6	C. OF COM
urth No. 65 6237	CERTIFICA	TE OF DEATH	Registered No.	1000 Gd
M.E CASE NO. 1. NAME OF DECEASED Type or Print) ME CASE NO. MARTINETE OF DECEASED	3. 1.	2. DATE AI	ND YOUR OF DEATH	***
ALICE CASTER	na)		Cel 10 fbs 10	1: 30 A.
PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Whe		institution: residence before odmission
FULL NAME OF (If not in hospital or instituti	on, give street	MARYLAND		1-05
HOSPITAL OR oddress or location) INSTITUTION		C. CITY OR TOWN (If or	utside city limits, write	RURAL ond give township)
JOHNS HOPKINS HOS	PITAL	BALTIMORE		
JUHNS HERKINS HUS	FILE	D. STREET ADDRESS (III	rurol, give locotion) I DALLAS S	Τ.
SEX 6. RACE 7. MARR	IED, NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	
WIDO	WED, DIVORCED (specily)		lost birthdoy	Months Doys Hours Min.
FEMALE NEGRO W	OF BUSINESS OR INDUSTRY	1-27-09	eign country)	12. CITIZEN OF
ne during most of working life, even if retired)		Best -	1000	WHAT COUNTRY?
Recreation Instructor		Tally 1	114	
FATHER'S NAME		14. MOTHER'S MAIDEN NA	IME .	
William Simme)	Lulas		
Was Deceased Ever in U. S. Armed Forces? s,no or unknown) (If yes, give wor or dates of servi-	1 6. SOCIAL SECURITY NO.	17. INFORMANT	1	ADDRESS
no		Joans Ke	ce 8/7.	11 Julian St
18. 33/XI	CAUSE O	E DEATH	1	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	.13	Land land land	m 1 70	ONSET AND BEATIN
LEADING TO DEATH (This does not mean the made of dying,	e.g., DUE TO	rvacereuray 14	vec c-	LWeeks
heart failure, asthenia, etc. It means the dise		16. / ,	. 11.	
injury or camplication which caused death.)	(B)	ypersensive e	incephalup.	
ANTECEDENT CAUSES	DUE TO	01 1	, , , , , ,	4 44
DISEASES OR CONDITIONS, if any, given rise to the above cause (A) stating		emaptandus (Mpergens!	or 10-10 gr
UNDERLYING CONDITION last.		0	//	U
OTHER SIGNIFICANT CONTROLS CONTROL	TING			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO				
	OR WHICH OPERATION	20A. AUTOPSY? (Yes or N	ol 208. IF YES, WERE	FINDINGS CONSIDERED
WAS PERFORMED		YES	IN CERTIFYING CA	AUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., in home, lorm, loctory, street, of	or obout 21 C. WHERE DID	(If in Boltimo	re City, give exoct locotion)
DEATH (notily medical examiner)	etc.)	ince sings, into kit occok.		
21D. TIME (Month) (Doy) (Year) (Hour)	21 E. INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
OF INJURY (APPROX.)	While At Not While Work At Work			,
22. I certify that (1) (this hospital) attende		1/24	19 65 to	6/10 19 65
that (1) (we) lost sow the deceased alive	1. 1112	9 6 J ond 1		pinion death occurred on the do
	0		0	intoli deoth occurred on the de
and haur and fram the couses stoted abov	s(I) (we) (ara hor) v	riew the body diter death.	•	238, DATE SIGNED
TIMMICADOR		ending Med.	Stoff N	(11)
23C.PHYSICIAN'S	Phy	s. Director 23D. ADDRESS	Phy s.	6/10
NAME (Type)	M.D.		INS HOSPI	TAI
DR. WILLIS MADDREY A. BURIAL CREMATION, 24B. DATE 24	C. NAME of CEMETERY OF CRE	JOHNS HOPK		
REMOVAL (Specily)	S. HAME OF CENTETERS OF CRE	240.	LOCATION	City, town, or county) (State)
Burial June 17/65	mr Calmy i	cameters U	a Coura	ty ml.
SA. DATE REC'D BY HEALTH DEPT. 258. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTO	P 1 1 1	ADDRESS
111N Ka 1300 (11. V., 1	TC. Jankermin	mule!!	To Vielloste	1. 1124/1/11/11

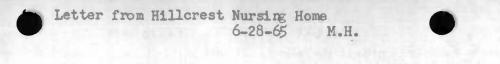


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65 6239	BALTIMORE CIT	Y HEALTH DEPARTMI	ENT	65 6239
BIRTH NO.	CERTIFICA	TE OF DEA	TH Registered Na.	00 0000
M.E. CASE NO.	OEKTII 107		ATE AND HOUR OF DEATH	
Type or Print) CHARLES J.	NOVASKA		June 12, 196	
B. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENC	E (Where deceased lived, If i	nstitution: residence before admis
			COUNTY	10000
FULL NAME OF (If not in hospital or institu HOSPITAL OR oddress or location)	ution, give street		- 21214 (If outside city limits, write	RURAL and give township)
2020 Hillenwo	od Road		imore	
Baltimore, Md.	, 21214	D. STREET ADDRESS	(If rurol, give locotion) Hillenwood F	ond
SEX 6. RACE 7. MAI	RRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Months Doys Hours N
male white m	arried (specify)	4/2/1902	last birthdoys	
OA, USUAL OCCUPATION (Give kind of work 108, KIN one during most of working life, even if retired)	ND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
own business Marke	t Basket Co.	New Jers	sey	
3. FATHER'S NAME		14. MOTHER'S MAID	EN NAME	
unisposenc John	G. Novaska	NO CONSIDER	wax Denisow	
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown! (If yes, give wor or dotes of ser	vice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	220-12-8705	Mary (nee	May) Novaska	, wife, above
18.	CAUSE	OF DEATH C	1 11 1/40	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY		Dife	THE AN WASH	ONSET AND DEAT
LEADING TO DEATH		PIZ	in a a a	1 + 9
	(A)	· C. D. a	NACONAL	about- 2t
(This does not mean the mode at dying,		0 1		
heart failure, asthenia, etc. It means the dis injury or camplication which caused death.)	ease,	1 0	0 1 1 1	-01.
	(8)	10-00-11	My Alakel	181 - Olaver 3
ANTECEDENT CAUSES	DUE TO		A	
DISEASES OR CONDITIONS, if any,	gniving		V	
rise to the above cause (A) stating	The (C)			
UNDERLYING CONDITION last.				
11				
OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING OF OR	ALL		
TO THE DEATH BUT NOT RELATED TO	O THE WY CVF			
DISEASE OR CONDITION CAUSING IT.	FOR WHICH CREATION	20 A. AUTOPSY? (Ye	se or Not 208 se vec ween	FINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED	FOR WHICH OPERATION	AUTORST? (Te	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g.,	in or about 21C WHERE	DID /// in Relains	re City, give exact location)
OR CONTRIBUTING CAUSE OF	home, form, foctory, street,	office bldg., INJURY OC	CUR?	ie wity, give exoct locotion)
U Comment	etc.)			
21D. TIME (Manth) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW E	DID INJURY OCCUR?	
(APPROX.)	While At Not Wh			
	Work At Work			
22. I certify that (I) (this hespital) atten	ded the deceased fram	918	19 to 11	rse 12 - 196
that (I) (we) last saw the deceased alive	on June-4-			
	•			mindi degin accorred on th
and havr and from the causes stated aba	ve. (1) (We) (dld) (did all)	view the bady after	death.	
23A. SIGNATURE	X 100			23B. DATE SIGNED
In. Hereman	Welder M.D. A	tending Med.	Stoff	6/14/65
	A LACALOR C PH	ys. Directo	r Phys.	
23C.PHYSICIAN'S NAME (Type)		23D. ADDRESS		
Dr. Herman Seid	el M.D	2404 Eut	aw Place	
	4C. NAME of CEMETERY OF C			city, town, or county) (Si
REMOVAL (Specify)				
Burial 6/15/65	Balto. Nat. C	em.	Baltimore, N	id.
25A. DATE REC'D BY HEALTH DEPT. 258 NA	AME OF REGISTRAR	25C. FUNERAL DI	RECTOR	ADDRESS
JUN 15 1985 R. Cent &.	tabeu MA		ek Funeral Ho	ome, Inc.
	7 6	3331 B	rehms Lane	
/\$ 150-REV. 1/1/65	N. 571.8	1 1 2 21	£	

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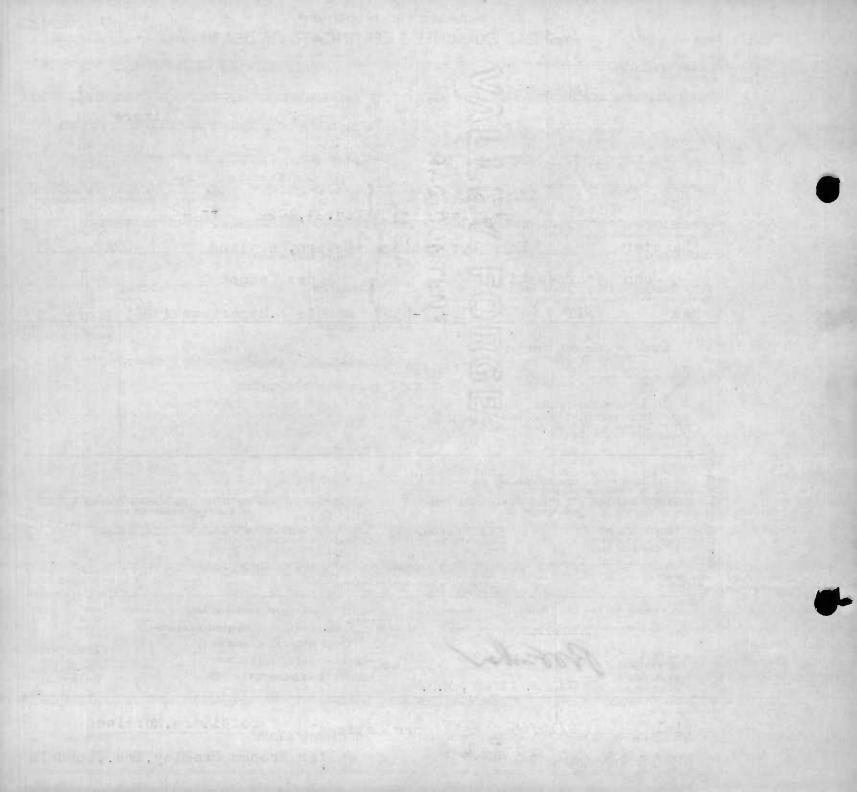


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	TH NO. E. CASE NO.	65 6	MEDI		(AMINER'S CI			OF D	EATH Registe	red No	00 0242
1. (Ťy	NAME OF DE	CEASED					2. D	ATE AND	HOUR PRONOUNCE	D DEAD	
		I TIMORE MARY			RZEWSKI	TA LICILA	BESIDENC	6-13		tutions soci	8:32 A M.
J. 1	TACE IN DAL	IIIVIORE, IVIARII	LAND, WI	TERE PRONO	DIVCED DEAD	A. STATI	ryland	E (where de	Balt	NTY	dence before odmission)
HC	LL NAME OF	(IF NOT IN	OR LOCA	L OR INSTITUTION)	JTION, GIVE STREET			(If outside	corporate limits, write	RURAL	and give township)
	ВА	LTIMORE	CITY	HOSPTTA	I DOA		timore ADDRESS		ve location)		300
									rn Avenue		
5. 5	Male	6. RACE White		WIDO WED,	NEVER MARRIED DIVORCED (specify)	B. DATE (000	9. AGE (In years lost birthdoy)		Doys Hours Min.
	. USUAL OCC	UPATION (Give I			rried F BUSINESS OR INDUSTRY	11. BIRTH	23.1	or foreign		12. CITIZ	EN OF
don	Paint	working life, even	if retired)	Home	Decorating	Se	vern.	Monarl	and	US	T COUNTRY?
13.	FATHER'S NAM			TIOME	Decorating	14. MOTH	ER'S MAIDE	N NAME	and	U	OH
	Jo	hn Ryna	arzew	ski			Agnes	Kamo	Sa		
15. (Ye:	WAS DECEASE	D EVER IN U.S	ARMED	FORCES?	16. SOCIAL SECURITY NO.	17. INFOR				ADDRES:	
	yes	WW.			214-12-8587	So	phie	K.Rvn	arzewski	Bal	7 Thruway timore 22
	1B. L.J.	0.1				OF DEA				241	INTERVAL BETWEEN
	DISEA	SE OR COND	TION DIR	ECTLY						G (#4	ONSET AND DEATH
	DISEASES RISE TO TH	LEADING TO not meen the , osthenio, etc. mplicotion which ANTECENDEN' OR CONDITION LE ABOVE CAU NG CONDITION	mode of the means coused d CAUSES ONS, IF AI	the disease, eath.)	RECEN		iry occ	_	ovascular ć	ilseas	<u>:e</u>
NO			100		(C)				~~~		
CERTIFICATION	TO THE	II NIFICANT CON DEATH BUT OR CONDITION	NOT REL	ATED TO T			************		***************************************		
CERT	19A, DATE O		WAS PERF		WHICH OPERATION	20 A. A	Yes		B. IF YES, WERE FIN CERTIFYING CAUS Yes		
MEDICAL	UNDERLYING	CAUSE WAS OR CONTRIB- ISE OF DEATH.		21 B. home etc.)	PLACE OF INJURY (e.g., i e, form, foctory, street, o	n or obout	21C. WHER	E DID (IF	in Boltimore City, giv	ve exoct le	ocation)
Σ	21 D TIME OF INJURY	(Month) (Do	y) (Yeor)	(Hour) 2	TE. INJURY OCCURRED		21 F. HOW	DID INJUR	OCCUR?		
	(APPROX.)				WHILE AT NOT NOT NOT NOT NOT NOT NOT NOT NOT NO	WHILE					
		tify that I hel			Inspection Aut	opsy 🔀	ond the		bosis, death in m		n
				10			IEF MEDI	CAL EXA	MINER X		
	SIGNAT		100	who	M.D.		NT MEDI				DATE SIGNED
	EXAMIN NAME (VER'S DITE	SELL :	S. FISH	ER, M.D.		ATE MEDI				6-14-65
	A. BURIAL CRE		DATE	23	C. NAME of CEMETERY o	CREMAT	ORY	23D. LO	CATION (City,	town, or	county) (Stote)
E	Burial	BY HEALTH D	6/16	165 1248 NAME	Baltimore N	Vatio	na]	Ba	ltimore,		Land
-7/	IIIN 1	5 1965 (Coleel	E. 30	When Mill				s Bradle;		.,Dundalk
VS	151-REV. 1/1			1	Z = 1.0 () = 1.0	75 82	g 9079	F3 65			



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BIRT	H NO.	WEDI	CALEX	AMINER'S CE	RIFICAT	E OF DI	EAIH Register	red No
M.E	CASE NO.							
1. P (Ty)	De or Print)		riet He	enderson			HOUR PRONOUNCE	5:00 A. M.
3. P	LACE IN BALT	IMORE, MARYLAND, W			4. USUAL RESIDE		ceased lived. If instit	tution: residence befare admission)
					A. STATE Ma	ryland	B. COU	ANNE ARUNDEL
FUL	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)			TION, GIVE STREET		of	corporate limits, write	RURAL and give lownship)
INS	TITUTION				Bet	AXXMXXE	Glen Bur	nie 52-00
2	Ur	iversity Hos	pital	1-00	D. STREET ADDR			1120
					11	6 Dorche	ester Road	
5. S	EX	6. RACE		NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Manths, Days, Haurs, Min.
F	Female White Whowed, DIVORCED(specify) Married		Married	Sept. 21	1910	54		
1			108. KIND OF	BUSINESS OR INDUSTRY			country)	12. CITIZEN OF WHAT COUNTRY?
done		varking life, even if retired)	O.	n Home	Washing	ton. OC		U.S.A.
13.1	FATHER'S NAM	Maker	Da	III MUIIE	14. MOTHER'S MA			U. J. A.
	CHURNI	TUNI) Boole			Zi	+= (111	NKNOMN)	
15.1	UNKNI WAS DECEASE	DEVER IN U.S. ARMED		16. SO CIAL	17. INFORMANT	(0)	WI HADRIA	ADDRESS
(Yes		(If yes, give war or dote	s of service)	SECURITY NO.	-1 2			2 - uM
	NO	XX		578/03/8952	Charle	s E.	Henderson	Same As #E
	1B.	XI		CAUSE	OF DEATH			ONSET AND DEATH
	DISEAS	LEADING TO DEATH		26 1.			•	
	(This does	not mean the made of	dying e.g.,	(A) MULE:	iple traum	atic_in	juries	
	heart failure,	asthenio, etc. It means application which caused	death.)					
		NTECENDENT CAUSE	2					THE PARTY OF THE P
		OR CONDITIONS, IF A		(B)				
		E ABOVE CAUSE (A) S'	TATING THE					
Z				(C)		·		
E		II I						
2	TO THE	DEATH BUT NOT RE	CONTRIBUTION	NG HE				
분		R CONDITION CAUSING		WILLIAM STONE	TOO A ALITOREYS	(Van at Na) 120	OR IE VEC WERE EIN	NDINGS CONSIDERED
CERTIFICATION	19A. DATE OF	WAS PER		WHICH OPERATION	no		CERTIFYING CAUS	
¥	21 A. EXTERNA	L CAUSE WAS	21 B.	PLACE OF INJURY (e.g.,	in or about 21C. W	HERE DID (IF	in Baltimare City, gi	ve exact location)
MEDICA	UNDERLYING	OR CONTRIB-	home,	form, foctory, street, o	ffice bldg., INJURY		ity Hoenite	al, Baltimore
ME			111-112	hospital	OLE HC	N DID INJUR		ii, Daitimore
	21 D TIME OF INJURY	(Month) (Day) (Yea						of hospital
		ine 12, 1965	4: UUA _{m. V}	VORK AT W	ORK X fe	SII IIOII	TOTH TION	of nospital
	22. 1 cer	tify that I held an I	nquiry 🗌	Inspection X Aut	apsy and	I that an this	basis, death In m	ny apinlan
		ted fram: Natural ca		ccident Suicid	e 🕒 Homicia	de Ur	determined manne	er 🗌
		00	_ /	1	CHIEF ME	EDICAL EXA	MINER _	DATE CICHED
	ACTUA		9 161	ela.	ASSISTANT MI	EDICAL EXA	MINER X	DATE SIGNED
	SIGNAT		C / T	M. D.	ASSOCIATE M			June 12, 1965
	NAME (Type) John	E. Ada	ms, M.D.	ASSOCIATE III			
	MOVAL (Specif	y)		C. NAME of CEMETERY o		23 D. LO		town, or county) (State)
24	Buri	al June	15.1965 248 NAME	National OF REGISTRAR	Mem Park 24C. FUNERA	Fal DIRECTOR	ls Church	Va. ADDRESS
	JUN 1		6 E. Fo	Drey M. M.		SINGLET	ON GLEN	BURNIE, MO.
VS	151-REV. 1/1/	65	1 13 1	1 63		E3 1		

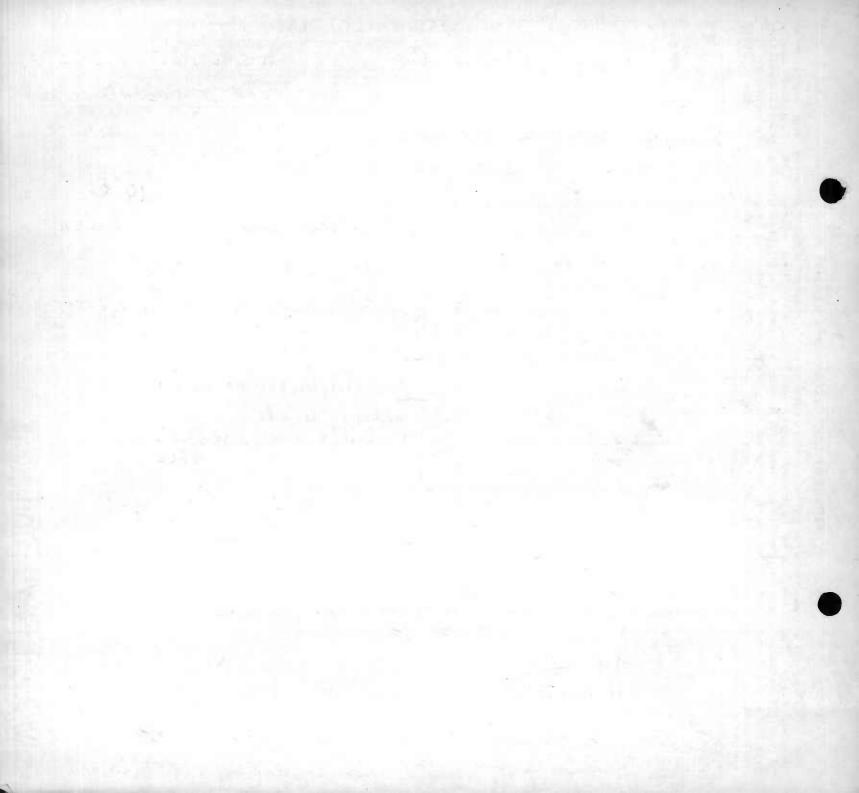
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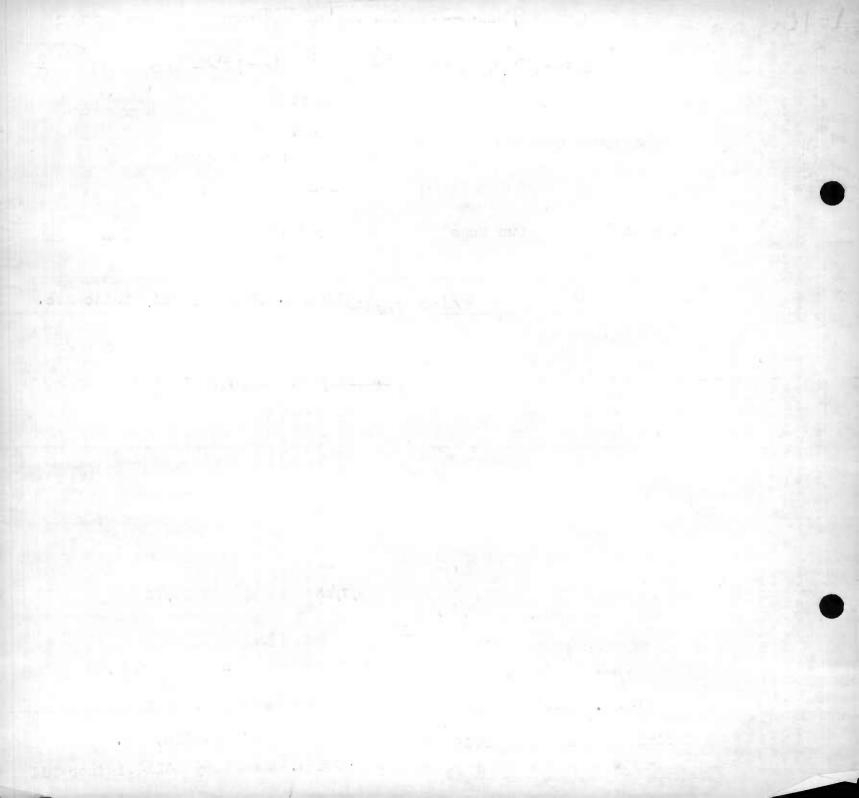
M.E. CASE NO.	CALEX	CAMINER'S C	ERTIFICATE OF DEATH Reg	istered Na.
1. NAME OF DECEASED (Type or Print) DALTO	ON E.	BAKER	2. DATE AND HOUR PRONO	
3. PLACE IN BALTIMORE, MARYLAND, W FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCA INSTITUTION	AL OR INSTITU		Maryland C. CITY OR TOWN (If outside corporate limits,	COUNTY
0	**		D. STREET ADDRESS (If rurol, give locotion)	0041
5. SEX 6. RACE	nes Hosp	NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In ye	
male white	Divor	ced (specify)	1-12-15 lost_birthdoy/ 50 50) Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Security	Pinkert		Pennsylvania	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Harry C. Bake	r		14. MOTHER'S MAIDEN NAME Margaret Green	
15. WAS DECEASED EVER IN U.S. ARMED (Yes, no or unknown) (If yes, give wor or dote	FORCES?	16. SO CIAL SECURITY NO.	17. INFORMANT	ADDRESS
No			Mrs. Margaret A. Salmon-1	II Oaklee Villate-29
DISEASE OR CONDITION DI	DECT! V		OF DEATH	ONSET AND DEATH
LEADING TO DEATH		(A)	le injuries	
heart foilure, osthenio, etc. It means injury or complication which coused	the diseose,	DUE TO		
ANTECENDENT CAUSE	s			
DISEASES OR CONDITIONS, IF A RISE TO THE ABOVE CAUSE (A) ST UNDERLYING CONDITION LAST.	NY, GIVING	DUE TO		
Ž II		(C)		***************************************
OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REL DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. CON	ATED TO T			
19A. DATE OF OPERATION 19B. CON WAS PERF	DITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES, WER IN CERTIFYING C	RE FINDINGS CONSIDERED CAUSES OF DEATH?
ZIA, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-	21 B. home etc.)	PLACE OF INJURY (e.g., form, foctory, street, c		ion Pk. Ave.
21 D TIME (Month) (Doy) (Year) (Hour) 2	1E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
(APPROX.) 6 10 65	9:03p	WHILE AT NOT	while run over by bus	
	nquiry 🔲	Inspection Au	apsy x and that an this basis, death	
resulted fram: Natural cau	JSGS A	Suicid	CHIEF MEDICAL EXAMINER	anner
ACTUAL SIGNATURE Werne	4.6	-/-wn	ASSISTANT MEDICAL EXAMINER	DATE SIGNED
EXAMINER'S NAME (Type) Werner [-4	~(ASSOCIATE MEDICAL EXAMINER	6/11/65
23A. BURIAL CREMATION, 23B. DATE REMOVAL (Specify) Provided 1		C. NAME of CEMETERY		(City, town, or county) (Stote)
Burial 6-14-65		Loudon Park	Baltimor	e, Maryland
JUN 15 1965 Rober	E. 30	Wee M. H.	Howard H. Hubbard-4107	
VS 151-REV. 1/1/65	11 33	6500	98750	V

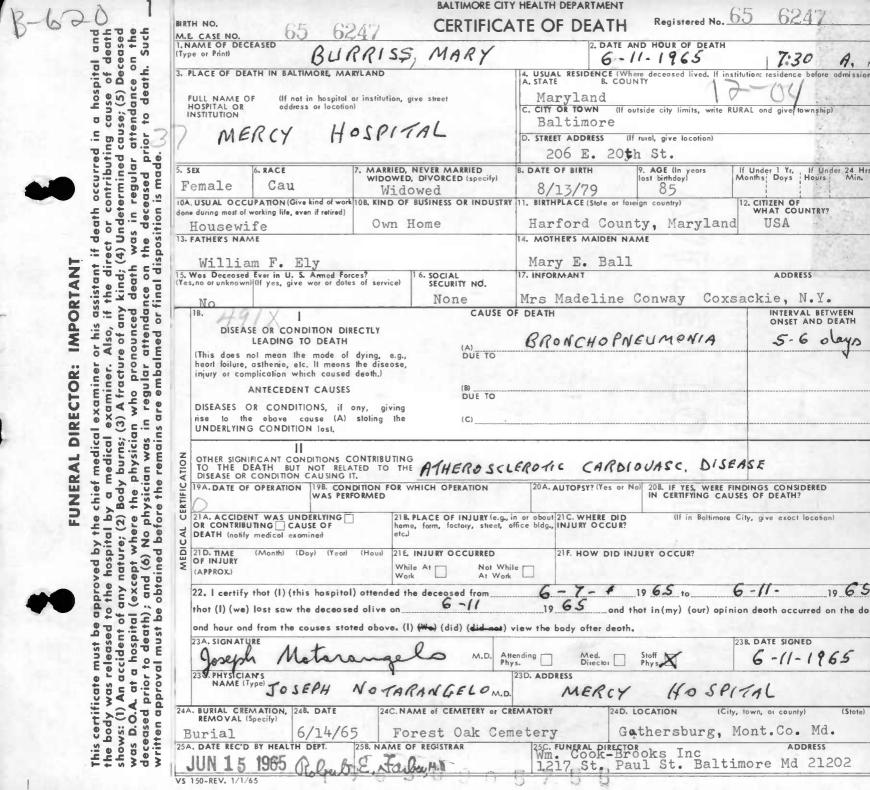
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K-	960		H NO/04-19	323 65	6245			OF DEATH	Registered Na	65 6243	· ·
"	an eat ase th th	1, N	AME OF DEC		100	1			NO HOUR OF DEATH		
	f d d on on on on			CEISEL		TIN AN.			JUNE 1965		P.M.
	4000	J. 1	TACE OF DEA	TH IN BALLIMOKE, A	AAKILAND		4. USC A. STA	TE. B. COUN	YTY	~ 10	odmission
	hose use (5) danc dec		ULL NAME O	F (If not in hospit address or loca	of or institution,	give street	0.019		RE MARY		elle
	se;		NOITUTITEN						ITTORE	URAL ond give township	1
	in again	1	UNIDA) TETION	2146 F	105/17HZ	D. STE	REET ADDRESS (If	rural, give location)		/
	p d din							8619 140,	ERNEZ AV		
•	th occurre contribut letermined in regular eceased p	5. 5	F	6. RACE	WIDQWEI	NEVER MARRIED D. DIVORCED (speci	19	7004 1104	9. AGE (In years lost birthday)	If Under 1 Yr. If Under Months Days Hours	er 24 Hrs. Min.
	T S L			JPATION (Give kind of warking life, even if retired		BUSINESS OR IND	USTRY 11. BIR	THPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?	- 1
*	D 7 D		144			March Company	//	PARYLAN	0	U.S.A	
	if deect (4) Ur was the	13.	FATHER'S NAM		(1-2-1)		14. MC	THER'S MAIDEN NA	ME		
느	disp		(F) W	AK 1) KE	450 K		YA-	TRICIA F	Frenkin	0	
Z	20250	15. (Ye:	Was Deceased no or unknown	Ever in U. S. Armed	Forces? oles of service)	1 6. SOCIAL . SECURITO NO.	17. INF	ORMANT	./ /	ADDRESS	
ZT.	the the kin dec ince			-	acr-4	≥ 3	Esc	vars L. S	EUSER C	To. 8619 HOER	CNEPH
IMPORTA	# CD 0 L		18.410	XI	d vill	QAL	JSE OF DEAT	TH .	1 11	INTERVAL BETY ONSET AND D	
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=	Also noun atte		(This does n	at mean the made	af dying, e.g.,		o Junion	in as	aa mar		
ä	ctur.			asthenia, etc. It mea plicalian which caus		AP S	22/17	- *	· 17.	0	
CTOR	frage gul			ANTECEDENT CAUS	ES	2/1/8	onder	is, hubble	ing mitr	<u> </u>	,
	A A P		DISEASES C	R CONDITIONS, i	l any, giving	CATION	20 /100	Noute	1		
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_	ical ns; ncia as			П		EN E	morn	- aucus	1 Million	4	
RAL	medica medica burns physici an was	ATION	TO THE D	FICANT CONDITIONS EATH BUT NOT RE CONDITION CAUSING	LATED TO TH				THU		
UNER	a r a cody	U	19A. DATE OF	OPERATION 198. CO	ERFORMED	WHICH OPERATION	20 A	AUTOPSY? (Yes or N	O) 208, IF YES, WERE F	INDINGS CONSIDERED	
5	by by 2) Bore the the physical	CERTIFI	21 A ACCIDEN	IT WAS LINDED YING	218	PLACE OF INITIBY		ut 21 C. WHERE DID		City, give exact location	1
1	+= 000		OR CONTRIBU	TING CAUSE OF medical examiner	hom etc.	ne, form, loctory, sli	eet, office bldg	- INJURY OCCUR?	(II III volliniore	Chya give exact lacation	
	SE SE SE	ă	21 D. TIME	(Month) (Doy) (Yes	or) (Hour) 21 E.	INJURY OCCURRE	D	21F. HOW DID IN	IURY OCCUR?		
	hose natured (6)	AE	OF INJURY		Wh	ile Al No	t While				
	he he way			.1 46.4.1 - 1 - 1	Wo		Work -	100,00	1965 to 11	TONE	
	T + F 0 0			that (b) (this hospi						nian death accurred a	965.
	of of of the			from the causes s						iion dearn accurred ai	1 the date
	st be a ased to dent of ospital death) must b		23A. SIGNATU		Idled obdve. ()	(did)	Most Alem Lik	e bady after death.		23B. DATE SIGNED	
	5 0 0 0	1		to Seren	w	M.D	Attending Phys.	Med. Director	Stoll Phys.	NOUNE	196 5
	1 - 0		23C. PHYSICIA	N'S	1		23 D. AD		1 . 1	1 - +1	1
	certificate body was r vs. (1) An a D.O.A. at assed prior	244	NAME (T	17. 070	NNER	ALLE / OFLICTION	M.D.	una.	landrul	Here juled	
	This certif the body shows: (1) was D.O./ deceased written a	24.4	BURIAL CREA	MATION, 24B. DATE	/ 24C. N	AME of CEMETERY	or CREMATOR	24D. L	OCATION (Ci	y, town, or county)	(Stole)
	ws: (ws: 0.0	X	DURIA	6/14/	65 MAK	E VIEW.LI	KMOR	ial di	MAIMORE		No.
	This of the bashow was decembered	25 A	JUN 15	1965 Raber	8 E. Fan	OKUMAR	250	EUNERAL DIRECTO		ADDRESS	di
	-+4>0>	VS	150-REV. 1/1/6		0 0, 404	/	for	1.6/0/1	sour 05	21 hack KAVE	110 1014
					1 7	0 0 0		1 1 1	201		-



-	PLACE OF DEATH IN BALTIMORE FULL NAME OF (If not in hos HOSPITAL OR oddress or le	spital or institution, give street	4. USUAL RESIDENCE (Where deceased lived, A. STATE B. COUNTY MARYLAND	11-102
	NSTITUTION	HOPKINS HOSPITAL	C. CITY OR TOWN (If outside city limits, w BALTIMORE D. STREET ADDRESS (II rurol, give location 848 HILLMAN COUR)
5. S	EMALE WHITE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9-2-93 9. AGE (In yeors lost birthesy)	If Under 1 Yr. If Under Months Doys Hours
	e during most of working life, even if re	tired)	RY 11. BIRTHPLACE (Stote or foreign country)	12. CITIZEN OF WHAT COUNTRY?
3.	House Work FATHERS NAME CHARLES PAPE	Own Home	Maryland 14. MOTHER'S MAIDEN NAME	USA
10.			MARY WEST	
15. Yes	Was Deceased Ever in U. S. Arme s,no. Curnknown) (II yes, give yor o	of Forces? r dotes of service) 16. SOCIAL SECURITY NO. 273-12-33	William W. Pape 205	Brightside Ave
_	18. 300.0	CAUSE	OF DEATH	INTERVAL BETWE
	DISEASE OR CONDITION	N DIRECTLY	ypercalcemia	ONSET AND DEA
	(This does not meon the mod	le ol dying, e.g., DUE TO	Les on rouns	Z WCCRS
	heart loilure, asthenia, etc. It m injury or complication which co	and death)	eticulum cell sarcoma	7 week
	ANTECEDENT CA	USES (B)		
	DISEASES OR CONDITIONS, rise to the above couse	(A) slating the (C)		
	UNDERLYING CONDITION las	it.		
	OTHER SIGNIFICANT CONDITIO			
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ICATION	TO THE DEATH BUT NOT DISEASE OR CONDITION CAUS	CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES. W	ERE FINDINGS CONSIDERED
ERTIFICATION	TO THE DEATH BUT NOT DISEASE OR CONDITION CAUS	CONDITION FOR WHICH OPERATION S PERFORMED	Yes	ERE FINDINGS CONSIDERED CAUSES OF DEATH?
AL CERTIFIC	TO THE DEATH BUT NOT DISEASE OR CONDITION CAUS	CONDITION FOR WHICH OPERATION S PERFORMED 218. PLACE OF INJURY (e.g.	Yes IN CERTIFYING	ERE FINDINGS CONSIDERED
DICAL CERTIFIC	TO THE DEATH BUT NOT DISEASE OR CONDITION CAUS 19A. DATE OF OPERATION 19B. 21A. A CCIDENT WAS UNDERLYI OR CONTRIBUTING CAUSE O DEATH (notify medical examiner) 21D. TIME (Month) (Doy)	NG 18. PLACE OF INJURY (e.g. home, lorm, loctory, street, etc.) Yeor) (Hour) 21E. INJURY OCCURRED	Yes in or obout 21C. WHERE DID office bidg., INJURY OCCUR?	ERE FINDINGS CONSIDERED CAUSES OF DEATH?
ICAL CERTIFIC	TO THE DEATH BUT NOT DISEASE OR CONDITION CAUS 19A. DATE OF OPERATION 19B. 21A. ACCIDENT WAS UNDERLYI OR CONTRIBUTING CAUSE O DEATH (notify medical examiner)	CONDITION FOR WHICH OPERATION S PERFORMED 218. PLACE OF INJURY (e.g., home, lorm, loctory, street, etc.)	Yes in or obout 21C. WHERE DID office bldg., INJURY OCCUR? 2) F. HOW DID INJURY OCCUR?	ERE FINDINGS CONSIDERED CAUSES OF DEATH?
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MEDICAL CERTIFIC	TO THE DEATH BUT NOT DISEASE OR CONDITION CAUS 19A.DATE OF OPERATION 21A.ACCIDENT WAS UNDERLYI OR CONTRIBUTING CAUSE O DEATH (notify medical examiner) 21D.TIME (Month) (Doy) (APPROX.) 22. I certify that (I) (this has that (I) (we) last saw the decided of the contribution of the con	CONDITION FOR WHICH OPERATION S PERFORMED 218. PLACE OF INJURY (e.g., home, lorm, loctory, street, etc.) Year) (Hour) 21E. INJURY OCCURRED While At Not W Work Spital) attended the deceased from	Yes in or obout 21C. WHERE DID office bldg., INJURY OCCUR? 2) F. HOW DID INJURY OCCUR? hile of the desired bldg. 19 to 19 do	ERE FINDINGS CONSIDERED CAUSES OF DEATH?
MEDICAL CERTIFIC	TO THE DEATH BUT NOT DISEASE OR CONDITION CAUS 19A.DATE OF OPERATION 21A.ACCIDENT WAS UNDERLYI OR CONTRIBUTING CAUSE O DEATH (notify medical examiner) 21D.TIME (Month) (Doy) (APPROX.) 22. I certify that (I) (this has that (I) (we) last saw the decided of the contribution of the con	CONDITION FOR WHICH OPERATION S PERFORMED 218. PLACE OF INJURY (e.g., home, lorm, loctory, street, etc.) Year) (Hour) 21E. INJURY OCCURRED While A1 No! Work A1 Wo	Yes in or obout 21C. WHERE DID office bldg., INJURY OCCUR? 2) F. HOW DID INJURY OCCUR? hile of the desired bldg. 19 to 19 do	ERE FINDINGS CONSIDERED CAUSES OF DEATH? timore City, give exoct locotion) 6/12 opinian deoth occurred on the control of th
MEDICAL CERTIFIC	TO THE DEATH BUT NOT DISEASE OR CONDITION CAUS 19A.DATE OF OPERATION 21A.ACCIDENT WAS UNDERLYI OR CONTRIBUTING CAUSE O DEATH (notify medical examiner) 21D.TIME (Month) (Doy) (APPROX.) 22. I certify that (I) (this has that (I) (we) last saw the deand hour and from the couses	SPERFORMED 218. PLACE OF INJURY (e.g. home, form, foctory, street, etc.) Year) (Hour) 21E. INJURY OCCURRED While At Not W Work spital) attended the deceased from seased alive on 6/12/ M.D. A	Yes in or obout 21C. WHERE DID office bidg., INJURY OCCUR? 2) F. HOW DID INJURY OCCUR? hile of the decided of	ERE FINDINGS CONSIDERED CAUSES OF DEATH? timore City, give exact location) 6/12 opinian death occurred on the control of the control occurred on the control occurred oc
MEDICAL CERTIFIC	TO THE DEATH BUT NOT DISEASE OR CONDITION CAUSE 19A.DATE OF OPERATION 21A. ACCIDENT WAS UNDERLY! OR CONTRIBUTING CAUSE O DEATH (notify medical examiner) 21D.TIME (Month) (Day) (APPROX.) 22. I certify that (I) (this has that (I) (we) last saw the decand hour and from the causes 23A. SIGNATURE	SPERFORMED 218. PLACE OF INJURY (e.g. home, form, foctory, street, etc.) Year) (Hour) 21E. INJURY OCCURRED While At Not W Work spital) attended the deceased from seased alive on 6/12/ M.D. A	Yes in or obout 21C. WHERE DID office bidg. INJURY OCCUR? 2) F. HOW DID INJURY OCCUR? hile 6/7/65 19 to 65 and that in (my) (our)	ERE FINDINGS CONSIDERED CAUSES OF DEATH? timore City, give exoct locotion) 6/12 opinian deoth occurred on
MEDICAL CERTIFIC	TO THE DEATH BUT NOT DISEASE OR CONDITION CAUSE 19A. DATE OF OPERATION 19A. DATE OF OPERATION 21A. A CCIDENT WAS UNDERLY! OR CONTRIBUTING CAUSE O DEATH (notify medical examiner) 21D. TIME (Month) (Day) (APPROX.) 22. I certify that (I) (this has that (I) (we) last saw the decand hour and from the causes 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type)	September 1. CONDITION FOR WHICH OPERATION SPERFORMED 21 B. PLACE OF INJURY (e.g., home, lorm, loctory, street, etc.) Year) (Hour) 21 E. INJURY OCCURRED While A1 Not Work A1 Wo spitol) attended the deceased from 6/12 September 2. Septem	Yes in or obout 21C. WHERE DID olfice bidg., INJURY OCCUR? 2) F. HOW DID INJURY OCCUR? hile de	ere findings considered causes of death? timore City, give exact location) 8/12 opinian death occurred on the control of th
MEDICAL CERTIFIC	TO THE DEATH BUT NOT DISEASE OR CONDITION CAUSE 19A.DATE OF OPERATION 21A. ACCIDENT WAS UNDERLY! OR CONTRIBUTING CAUSE O DEATH (notify medical examiner) 21D.TIME (Month) (Day) (APPROX.) 22. I certify that (I) (this has that (I) (we) last saw the decand hour and from the causes 23A. SIGNATURE	CONDITION FOR WHICH OPERATION S PERFORMED 18 PLACE OF INJURY (e.g., home, lorm, loctory, street, etc.) Yeor) (Hour) 21E INJURY OCCURRED While At Not W Work At Wo	Yes in or obout 21C. WHERE DID office bidg. INJURY OCCUR? 2) F. HOW DID INJURY OCCUR? hile 6/7/65 19 to 65 and that in (my) (our) view the body ofter death. Add. Stoff Phys. A. 23D. ADDRESS Johns Hopkins Hosp	ere findings considered causes of death? timore City, give exact location) 6/12 opinian death occurred on the control of th
MEDICAL CERTIFIC	TO THE DEATH BUT NOT DISEASE OR CONDITION CAUSE 19A. DATE OF OPERATION 19B. 21A. ACCIDENT WAS UNDERLY! OR CONTRIBUTING CAUSE ODEATH (notify medicol exominer) 21D. TIME (Month) (Doy) (APPROX.) 22. I certify that (I) (this has that (I) (we) last saw the deand hour and from the couses 23A. SIGNATURE 23C. PHYSICIANS NAME (Type) 23C. PHYSICIANS NAME (Type) A. BURIAL CREMATION, 24B. DATE REMOVAL (Specily)	CONDITION FOR WHICH OPERATION S PERFORMED 18 PLACE OF INJURY (e.g., home, lorm, loctory, street, etc.) Yeor) (Hour) 21E INJURY OCCURRED While At Not W Work At Wo	Yes in or obout 21C. WHERE DID office bidg. INJURY OCCUR? 2) F. HOW DID INJURY OCCUR? hile 6/7/65 19 to 65 and that in (my) (our) view the body ofter death. Add. Stoff Phys. A. 23D. ADDRESS Johns Hopkins Hosp	causes of Death? 6/12 opinian deoth occurred on t 238, Date SIGNED 6/12/65





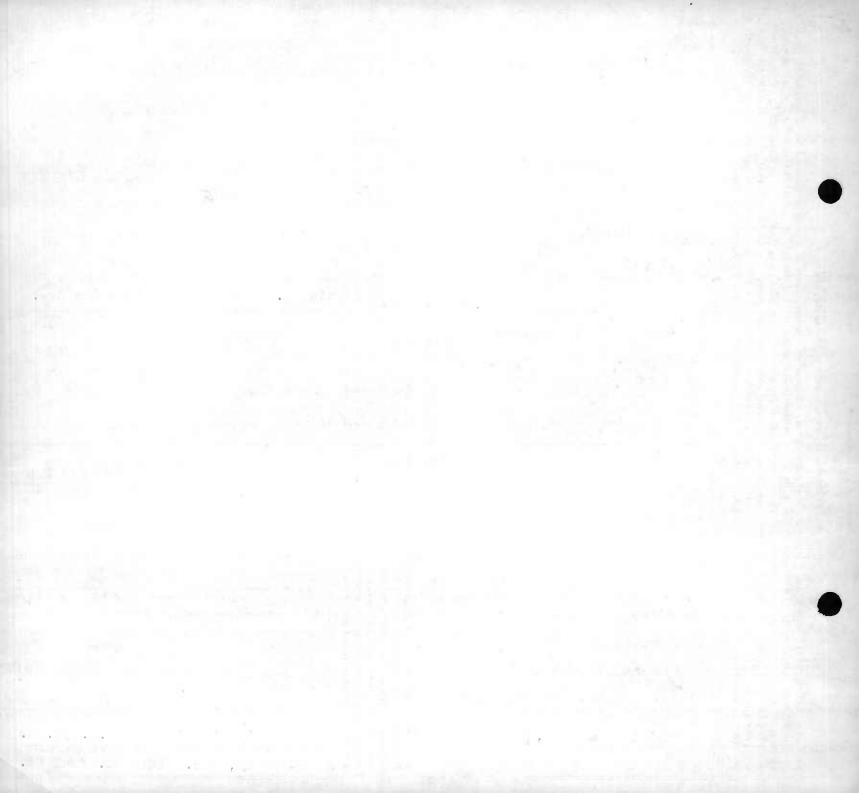
6-11-1965 MERCY HELPHAR

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> Joseph Materiany Lo JOSEPH METACHMETE MERCY HOSPITAL

VS 150-REV. 1/1/65



IMPORTANT

DIRECTOR:

FUNERAL

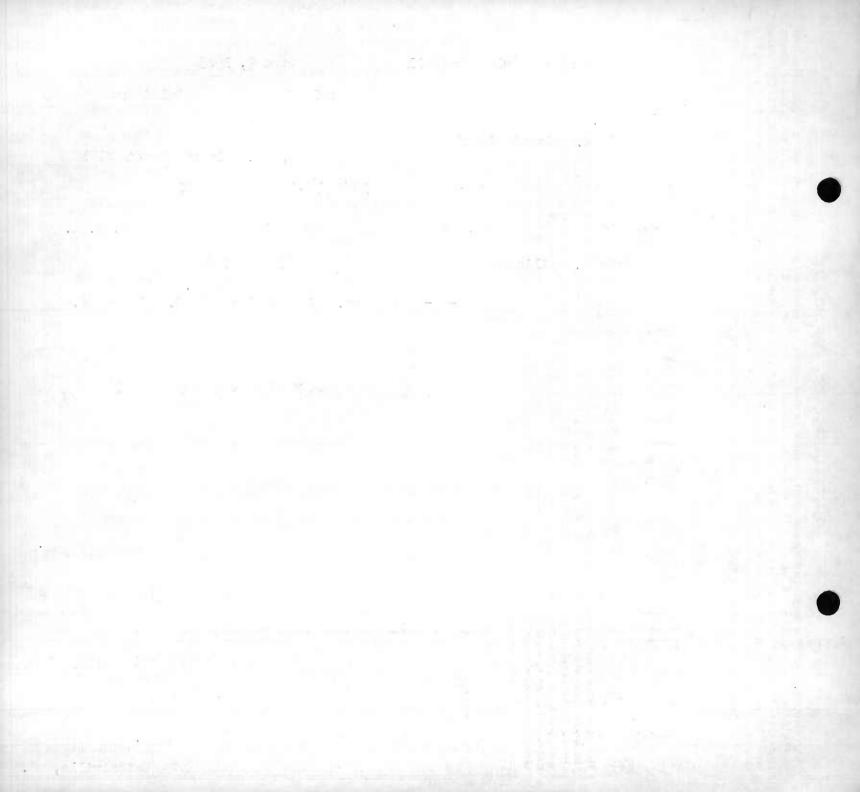
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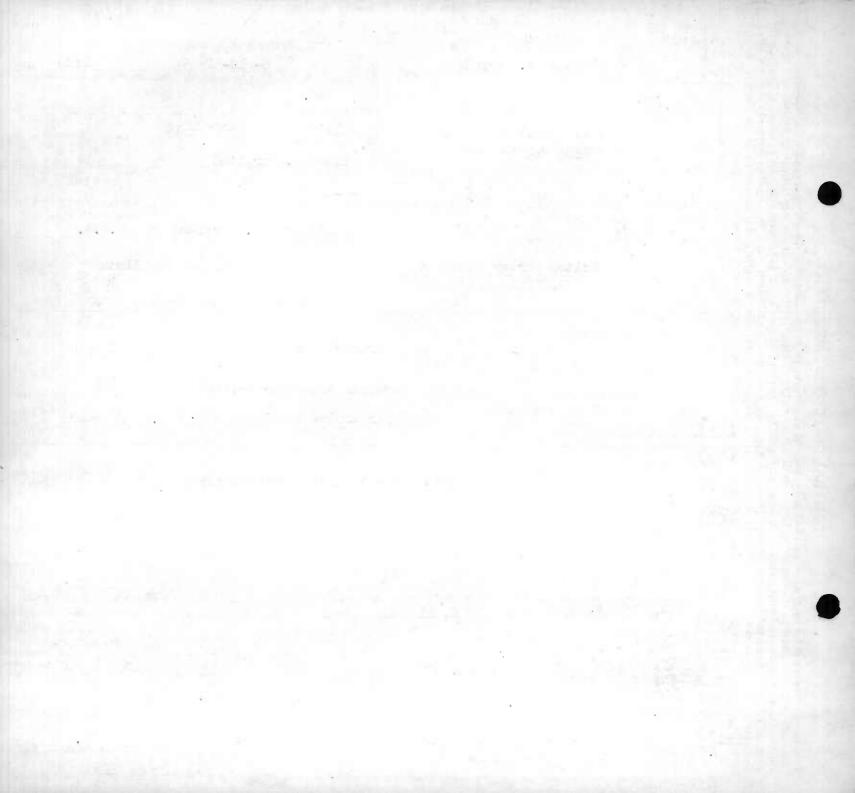
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M.E. CASE NO.	00	6250 CERTIFICA	ATE OF DEATH	Registered No.	
(Type or Print)		****		ND HOUR OF DEATH	
PLACE OF DEA	Bertha	Viòla Scannell	June	9, 1965	institution: residence belore
LACE OF DEA	WALLING WALL		A. STATE B. COU	NTY	
FULL NAME O	F (If not in hospital a	or institution, give street	Maryland		ltimore
INSTITUTION	ougless of locollon				RUBAL and give township
0	2930 N. Calv	rent Street	D. STREET ADDRESS	altimore f rurol, give location)	14 0 9
	2/JU N. Oall	761 0 0 01 6 6 0		N. Calvert S	Street 21218
5. SEX	6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH	9, AGE (In years	If Under 1 Yr. If Und
Female	White	WIDOWED, DIVORCED (specify) WidoW	10/29/1893	lost birthday 71.	Months Doys Hours
10A. USUAL OCCU	UPATION (Give kind of work	108, KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Stote or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
	working life, even if retired)	Orma Homa	Manufland		U. S. A.
13. FATHER'S NAM	e wife	Own Home	Maryland 14. MOTHERS MAIDEN N.	AME	U. D. A.
		7 4			
15 Was Deceased	John O. Boll	Linger		Baublitz	ADDRESS
	Ever in U. S. Armed Fore		Balt	imore, Md. 2	1218
No		220-48-0852	Mrs. Lulu Hopl	cins 2930 N.	Calvert St.
DISEASES OF FISH OF THE POPULATION OF THE POPULA	ANTECEDENT CAUSES OR CONDITIONS, if or above cause (A) or cause (A) o	any, giving slating the (C)	Sheeper File		E FINDINGS CONSIDERED AUSES OF DEATH?
U 21 A. ACCIDEN	NT WAS UNDERLYING	218. PLACE OF INJURY (e.g.,	in or about 21C. WHERE DID	(If in Bottimo	ore City, give exact location
OR CONTRIBU	NT WAS UNDERLYING DING CAUSE OF medical examines	etc.)	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?		
OR CONTRIBU	NT WAS UNDERLYING DING CAUSE OF medicol exomines) (Month) (Doy) (Year)	(Hour) 21 E. INJURY OCCURRED While At Not Wh	21F. HOW DID IN		
OR CONTRIBUTION OF INJURY (APPROX.)	(Month) (Doy) (Year)	(Hour) 21E INJURY OCCURRED While At Not Wh Work At Work	21F. HOW DID IN	NJURY OCCUR?	ore City, give exact location
OR CONTRIBUTED DEATH (notify) 21D. TIME OF INJURY (APPROX.) 22. I certify	medical examines) (Month) (Day) (Year) that (1) (Ahis has pite)	(Hour) 21E INJURY OCCURRED While At Not Wh Work At Work Ottended the deceased from	21F, HOW DID IN	NJURY OCCUR?	ore City, give exact location
OR CONTRIBUTED OF INJURY (APPROX.) 22. I certify that (I) (week)	that (1) (4his-inspite)	(Hour) 21E INJURY OCCURRED While At Not Wh Not Work O ottended the deceased from	21F. HOW DID IN	19.65tathat in (my) (out) op	ore City, give exact location
OR CONTRIBUTION DEATH (notify) 21 D. TIME OF INJURY (APPROX.) 22. I certify that (I) (week) ond hour and	that (1) (Ahischaspite) dast saw the decease d from the causes state	(Hour) 21E INJURY OCCURRED While At Not Wh Work At Work Ottended the deceased from	21F. HOW DID IN	19.65tathat in (my) (out) op	Jacob deoth occurred o
OR CONTRIBUTION OF INJURY (APPROX.) 22. I certify that (I) (max) and hour and 23A. SIGNATU	that (1) (Ahrschaspite) clast sow the decease of from the couses state JRE	(Hour) 21E INJURY OCCURRED While At Not Wh Not Work O ottended the deceased from ad alive on ted obove. (1) (We) (did) (did)	21F. HOW DID IN	19.65tathat in (my) (out) op	ore City, give exact location
OR CONTRIBU DEATH (notify 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we) ond hour and 23A. SIGNATU	that (1) (Ahrschaspite) clast sow the decease of from the couses state JRE	(Hour) 21E INJURY OCCURRED While At Not Wh Not Work O ottended the deceased from ad alive on ted obove. (1) (We) (did) (did)	21F. HOW DID IN the like and and view the body ofter death tending Med. Director 123D. ADDRESS	njury occur? 19 5 ta	Jacob deoth occurred o
OR CONTRIBUTED DEATH (notify) 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (max) and hour and 23A. SIGNATU 23C. PHYSICIA NAME (I)	that (1) (Ahrs Inspite) clast sow the decease of from the couses state IRE INTS (ype)	(Hour) 21E INJURY OCCURRED While At Not Wh Work At Work I) ottended the deceosed from and alive on (1) (We) (did) (did M.D. At M.D	21F. HOW DID IN the body ofter death trending Med. 23D. ADDRESS	NJURY OCCUR? 1963 to that in (my) (sur) op Staff Phys.	Jacobin death occurred o
OR CONTRIBU DEATH Inotify 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (was) and hour and 23A. SIGNATU 23C. PHYSICIA NAME (T) 24A. BURIAL CREF REMOVAL (S	that (1) (Ahis has pittel dast sow the decease of from the causes stated of the course stated of the causes of the	(Hour) 21E. INJURY OCCURRED While At Not Wh Not Work O ottended the deceosed from and alive on M.D. Af Ph 24C, NAME of CEMETERY of C	21F. HOW DID IN side and	Staff Phys. LOCATION (COUR?	Dinion deoth occurred o
OR CONTRIBUDEATH (notify) DEATH (notify) 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (was) and hour and 23A. SIGNATU 23A. SIGNATU 23A. BURIAL CREF REMOVAL (S	that (1) (Akis has pittel class sow the decease of from the causes state of the course of th	(Hour) 21E INJURY OCCURRED While At Not Wh At Work O ottended the deceosed from and alive on M.D. At Ph 24C. NAME of CEMETERY of C	21F. HOW DID IN the body ofter deoth thending Med. Director Direct	Staff Phys. LOCATION (Control of the control of th	23B. DATE SIGNED City, town, or county)
OR CONTRIBUTION OF INJURY (APPROX.) 21. I certify that (I) (washed) ond hour and 23A. SIGNATU 23C. PHYSICIA NAME (T) 124A. BURIAL CREF REMOVAL (S)	that (1) (Akis has pittel class sow the decease of from the causes state of the course of th	(Hour) 21E. INJURY OCCURRED While At Not Wh Not Work O ottended the deceosed from and alive on M.D. Af Ph 24C, NAME of CEMETERY of C	21F. HOW DID IN side and	Staff Phys. LOCATION (Control of the control of th	Dinion deoth occurred o

BALTIMORE CITY HEALTH DEPARTMENT

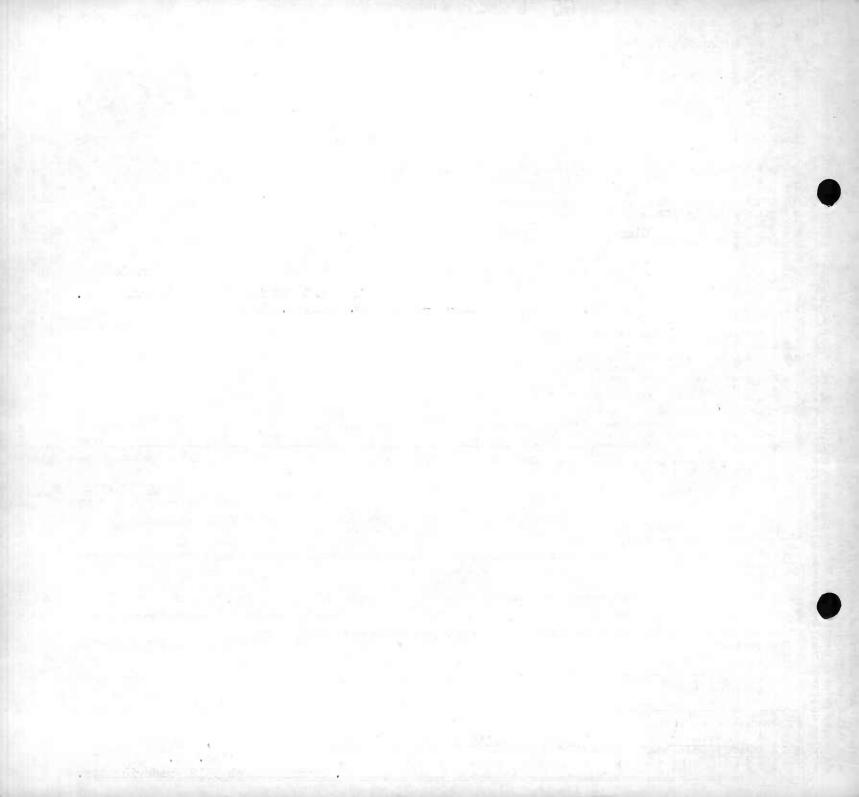


BIRTH NO.	65	625		TE OF DEATH	Registered No.	5 6251
M.E. CASE NO.	CEA CED				AND HOUR OF DEATH	
(Type or Print)						
	Myrytle	V. Rey	molds		- 12- 1965	1:20 A
FULL NAME (ATH IN BALTIMORE, MA		mun steat	4. USUAL RESIDENCE (W A. STATE B. COL	here deceased lived. II in JNTY	stitution: residence before odmission
HOSPITAL OR	oddress or locotic	on)		C. CITY OR TOWN (IF	outside city limits, write	RURAL and give township)
0	Gould Cor	nvelesen Belair F		Baltimore D. STREET ADDRESS	(Ryarl) (If rural, give location)	53.00
				Glyndon , Ma		
Female	6. RACE	WIDOWE	D, DIVORCED (specify)	8. DATE OF BIRTH 5-9-1890	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hr Months Days Hours Min.
DA. USUAL OCC	UPATION (Give kind of wor	k 108. KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF
lone during most of House	warking lile, even if retired)	Hou	sewife	Baltimore (Co. Maryland	U.S.A.
3. FATHER'S NA	ME			14. MOTHER'S MAIDEN N	AME	
	Shelton	Harvey	Reynolds		Willie An	n Wilson
5. Wos Deceose	d Ever in U. S. Anned Fo	rces?	1 6. SOCIAL	17. INFORMANT	V STORY	ADDRESS 21051 2
No	n) (II yes, give war ar dat	es at service)	None	Mrs Charles H	reidenbaugh	
18.4-4	3 X I		CAUSE O	FDEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEA	SE OR CONDITION DI LEADING TO DEATH		A Ce	rebarl Thrombo	sis	2 Days
	not meon the mode of asthenio, etc. It meons		, DUE TO			
injury or con	mplication which caused		Cere	bral Arteriosc	lerosis	3 years
	ANTECEDENT CAUSES			01 41 14 0W 1000	4040040	
rise to th	OR CONDITIONS, if ne obove couse (A) G CONDITION lost.			rtensive cardi	ovascular di	s. 10 years
E TO THE D	III IIIICANT CONDITIONS DEATH BUT NOT REL CONDITION CAUSING	ATED TO TH	JE .	is (Chr) Uteri	n atibus i de	
	F OPERATION 198. COM		WHICH OPERATION	20 A. AUTOPSY? (Yes or	No) 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
OR CONTRIB	ENT WAS UNDERLYING UTING CAUSE OF y medical examiner	211 hor etc	B. PLACE OF INJURY (e.g., in me, lorm, foctory, street, of	or obout 21 C. WHERE DID ince bidg., INJURY OCCUR?	(If in Boltimore	e City, give exact location)
21D. TIME	(Month) (Day) (Year)	(Hour) 218	E INJURY OCCURRED	21F. HOW DID II	NJURY OCCUR?	
OF INJURY			hile At Not While	•		
22. I certify	y that (1) (this hospita	l) ottended	the deceased from N			ne 12 1965
) lost sow the deceos					nion death occurred on the da
ond hour on		ted above.	(I) (Me) (did) (did not) v	lew the body ofter death	1.	23B, DATE SIGNED
top	ford to	1/de	Lann. Atte	ending Med.	Stalf Phys.	6/12/65
VALUE I				23 D. ADDRESS	12/11/25-2	
00	Dr Cliffo	rd F. H		Fork Mar		
REMOVAL	(Specily)		AME of CEMETERY OF CRE		LOCATION (C)	ty, town, or county) (State)
	rial 6-14-1	1965 FO	ork Christian (emetery Fo	ork,	Md. ADDRESS 3
JUN 1	5 1965 (Ele	0,30	Lyseu That	Lanal J	unisal Home	7401 Black
/S 150-REV. 1/1.	/65	1 0	1 4 11 11		()	7 7 7 8

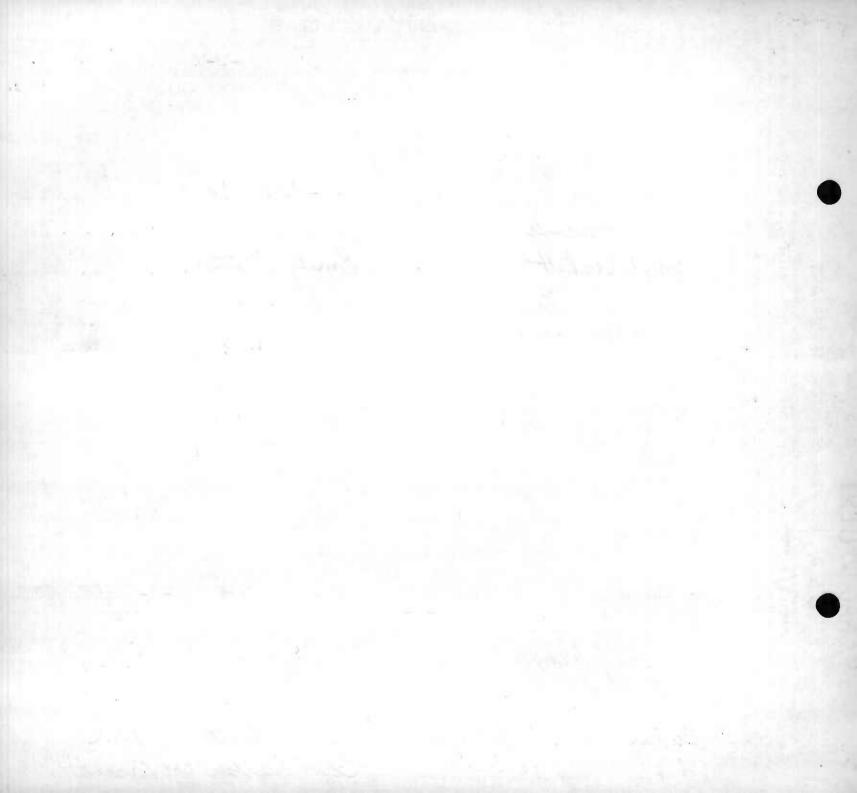


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FUNERAL DIRECTOR: IMPORTANT	proved by the chief medical examiner or his assistant if death occurred in a the hospital by a medical examiner. Also, if the direct or contributing canny nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause except where the physician who pronounced death was in regular attention (6) No physician was in regular attendance on the deceased prior to obtained before the remains are embalmed or final disposition is made.
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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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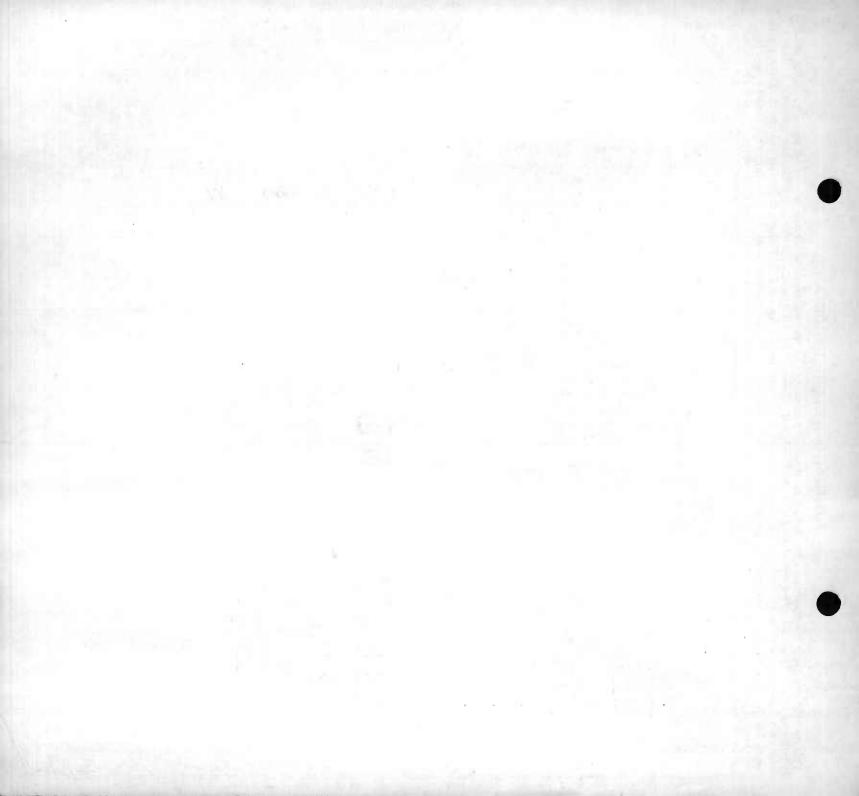
	60	BALTIMORE CITY	HEALTH DEPARTMENT		
BIRTH NO. M.E. CASE NO.	500	CERTIFICA	TE OF DEATH	Registered No.	5 6252
1. NAME OF DECEAS (Type or Print)	tauline	Gross	June	13, 1965	1:45 PA
FULL NAME OF	(If not in hospital at in oddress or location)		A. STATE B. COUNT	7 28	100
INSTITUTION	General	Hospital	Baltimor	ide city limits, write RURAL vol, give location)	ond give to (Inship)
			250 E. Medwick Garth		
F	Nhite	MARRIED, NEVER MARRIED MIDOWED, DIVORCED (specify) MARRIED KIND OF BUSINESS OR INDUSTRY	Aug. 10, 1906	38	Index 1 Yr. If Undex 24 Hr. ths Doys Hours Min.
one during most of work	ing life, even if retired)	Bank	ARYLAND		CITIZEN OF WHAT COUNTRY?
Freder	ek Zackm	49 Sackmann	Payline	Myrtle Mer	kle
	r in U. S. Armed Forces? yes, give wor or dates of	16. SOCIAL	250 East Medwic	k Garth Catonsv	ADDRESS
	OR CONDITION DIRECT	CAUSE O			INTERVAL BETWEEN ONSET AND DEATH
heoil lailuie, osth	meon the mode of dyin tenio, etc. It means the otion which coused deo		tustatic Aden of Colon	0 0010100774	•••••••••••••••••••••••••••••••••••••••
DISEASES OR	ECEDENT CAUSES CONDITIONS, if ony,		**************************************		
UNDERLYING C	bove cause (A) slat ONDITION last,	ing lhe (C)			
E TO THE DEAT	II ANT CONDITIONS CONT H BUT NOT RELATED ADITION CAUSING IT.	RIBUTING TO THE			
19A. DATE OF OP		ON FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDIN	NGS CONSIDERED OF DEATH?
		21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	or obout 21C. WHERE DID	(If in Boltimore City,	give exoct location)
	onth) (Doy) (Yeor) (H	While At Not While Wark At Work	21F. HOW DID INJU	RY OCCUR?	
	t (I) (this haspital) att	rended the deceased from M.		65 to June t in (my) (aur) apinion a	1965
and haur and fro	m the couses stated o	bave. (1) (We) (did) (did nat) v	iew the bady after death.	23 8, 1	DATE SIGNED
230 PHYSICIAN'S NAME (Type)	D. Jell	les Phy	onding Med. Director Director Med. State of the state of	thys.	INT 13, 1963
4A. BURIAL CREMAT REMOVAL (Speci		M.D.	Mary and &	CATION (City, tow	os fife! (Stote)
Burial	6/16/65	Baltimore Nationa	1 Cemetery Balt	imore, Maryland	
SA. DATE REC'D BY	965 (P. O A. S	NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	Balto. Md.	ADDRESS
S 150-REV. 1/1/65	The Contract of the	, NOUSEUMA	G. Truman Sch	wab 3512 Freder	TCK Ave.

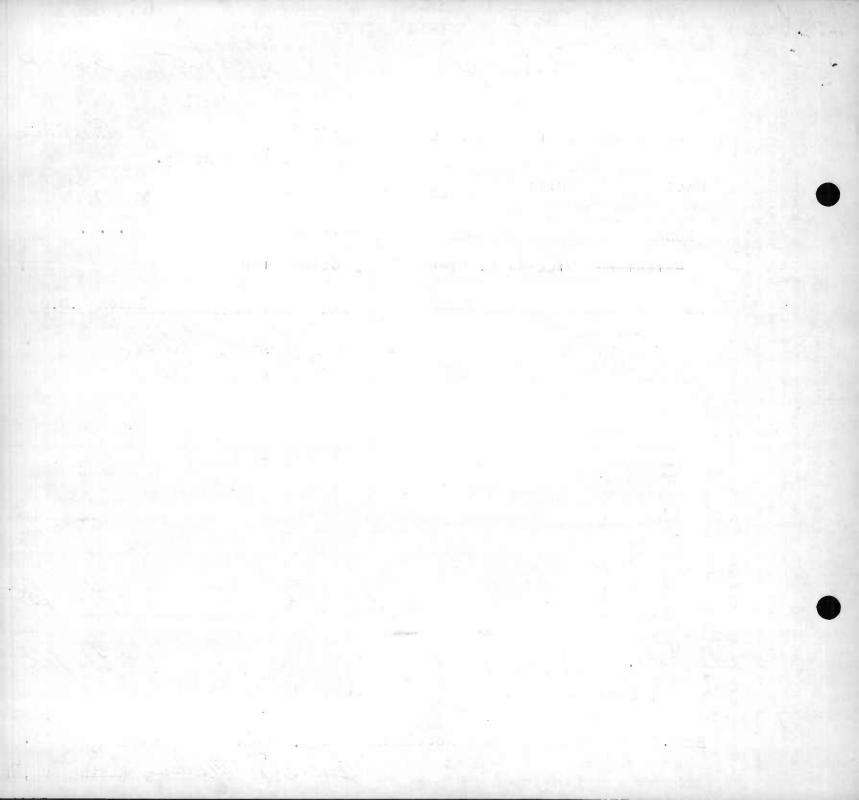


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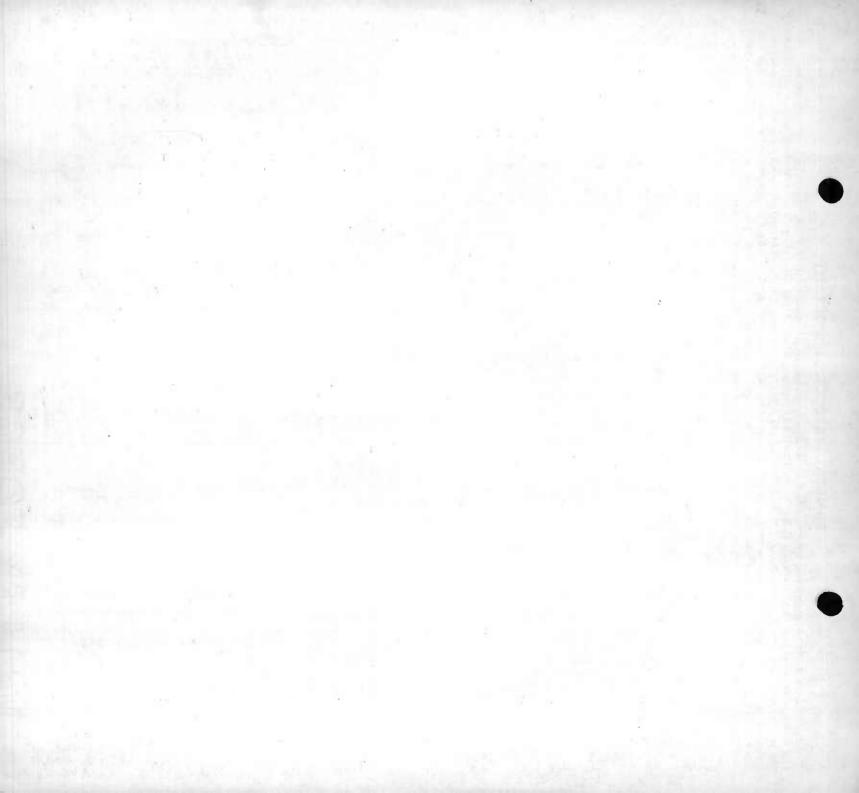
65 6254	BALTIMORE CITY HEALTH		
BIRTH NO. M.E. CASE NO.	CERTIFICATE O	F DEATH Regis	tered No. 45 6254
1. NAME OF DECEASED	<i>(</i> 2)	2. DATE AND HOUR	OF DEATH
2 ALLIE V-YOUN	BEAVER	A RESIDENCE (Where decease	lived. If institution: residence before odmission)
PLACE OF DEATH IN BALTIMORE, MARYLAND	A. STATI		ived. If institution: residence borore damission
FULL NAME OF (If not in hospital or institution, HOSPITAL OR oddress or location)		Maybetard	0-0
INSTITUTION	C. CIII	0	mits, write RURAL and give township)
Home-632 Arling	Total A. D. STREE	ET ADDRESS (If rurol, give	
110196-832116212	6	32 N. AnhiN	gten Ave.
WIDOWE	D. DIVORGED (specify)	OF BIRTH 9. AGE (In	years If Under 1 Yr., If Under 24 Hrs.
emake Cohored MA	riried Nac-	25 1883 81	
tOA. USUAL OCCUPATION (Give kind of work 10B, KIND Of done during most of working life, even if retired)	9.1	11	WHAT COUNTRY?
Housewife	-	FREN CO. UA.	V1. S. A.
13. FATHER'S NAME	3	HER'S MAIDEN NAME	
JAMES MC Area		scy Mack	
15. Was Decoased Ever in U. S. Armed Forces? (Yes,no or unknown) (If yes, givo wor or dotos of service)	1 6. SOCIAL SECURITY NO.	RMANT	ADDRESS
No			
18. 443 X	CAUSE OF DEATH	,	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Porch	un/ Hemska	Ge 97 14 des.
(This does not mean the mode of dying, e.g.,	DUE TO		
heart failure, astheria, etc. It means the disease injury or complication which caused death.)	160,10		21.4
ANTECEDENT CAUSES	(B) DUE TO		3 42 1
DISEASES OR CONDITIONS, if ony, giving			
rise to the obove couse (A) stoling the UNDERLYING CONDITION lost.	(6)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
DISEASE OR CONDITION CAUSING IT.	WHICH OPERATION 20A.	AUTOPSY? (Yes or No) 20B. IF	YES, WERE FINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED		IN CERT	TIFYING CAUSES OF DEATH?
O ZIA. ACCIDENT WAS UNDERLYING	B. PLACE OF INJURY (e.g., in or obout	21C. WHERE DID (FI	in Boltimore City, give exact location)
O DEATH (notify medical examinar)			
W OF INTURY	E. INJURY OCCURRED	21F. HOW DID INJURY OCC	U R?
	hile At Not While At Work	/	//-
22. I certify that (I) (this hospital) attended	the deceased from 4/11/	62 19	10 19 6
that (I) (we) lost sow the deceosed alive on	(2) 7 19	ond that in (my)	(ous) opinian death occurred on the date
and hour and from the causes stated above.	(I) (We)-(did) (did not) view the	body after death.	
23A) SIGNATURE	M.D. Attending	Med. Stoff	23 B. DATE SIGNED
I from Drew	Phys.	Director Phys.	6/15/61.
23 C. PHYSICIAN'S NAME (Type)	23D. ADD	DRESS /	2011
J. Preston Grant, M.	D. M.D. 6	O/ N. LARA	21//
24A. BURIAL CREMATION, 24B. DATE 24C. N	A CREMATORY	P. LOCATION	(City, lown, or county) (State)
BULIAL 6-11-65 1	THOUTUS //em.	WARK Arpu	OS Mel-
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME	OF REGISTRAR 25C.	FUNERAL DIRECTOR	one in Bratte A.
VS 150-REV, 1/1/65	Washing .	7 00000	John Bridge State
TO 100 110 TO 17 TO 00	~ ~	De malt	1



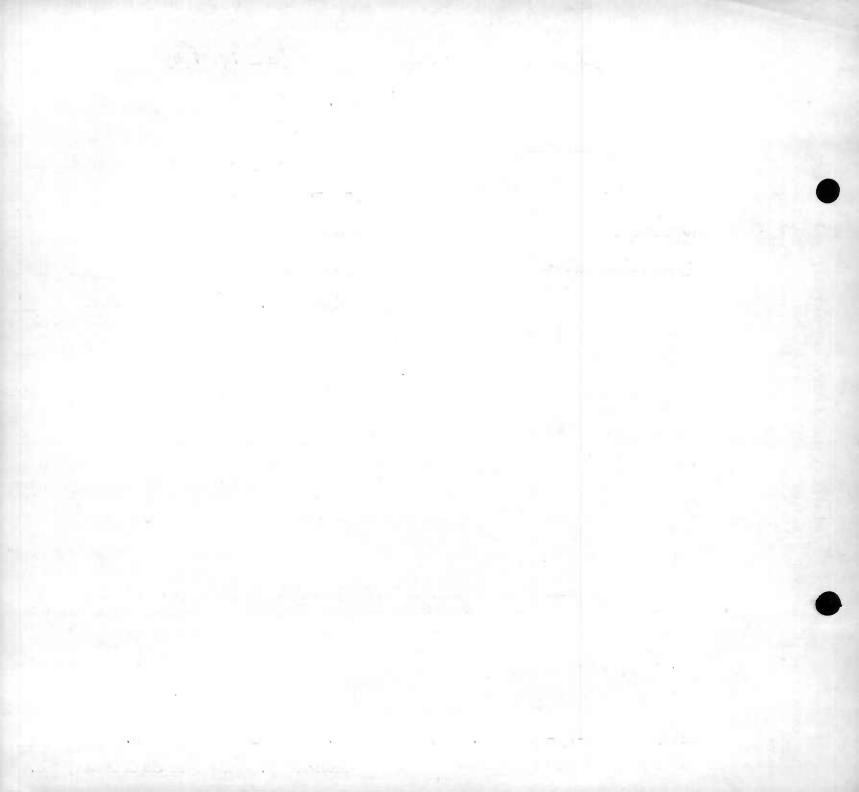


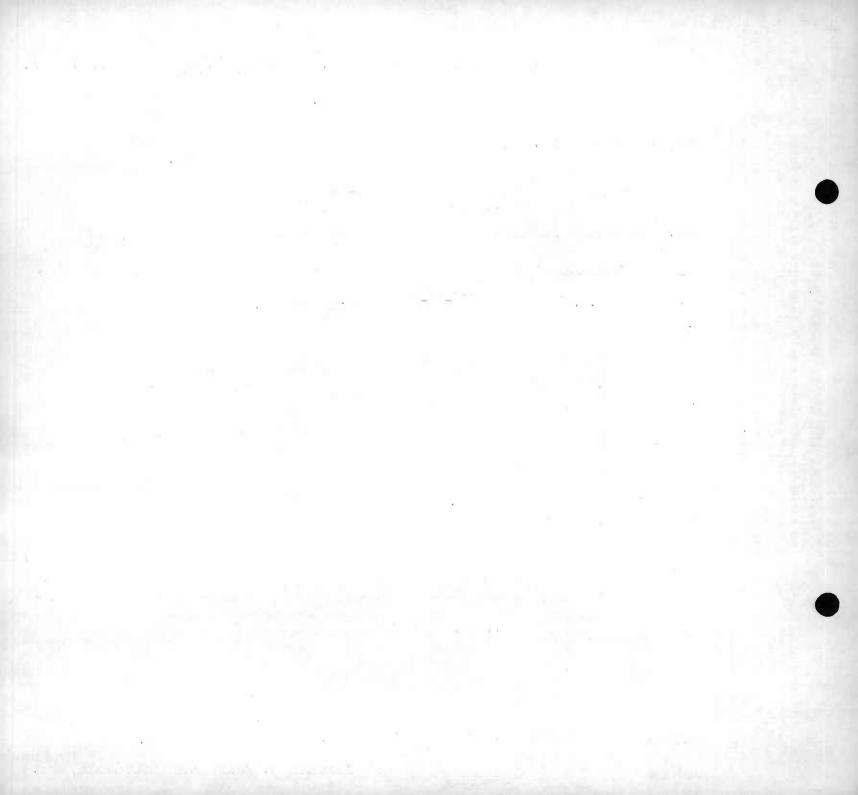
IMPORTANT

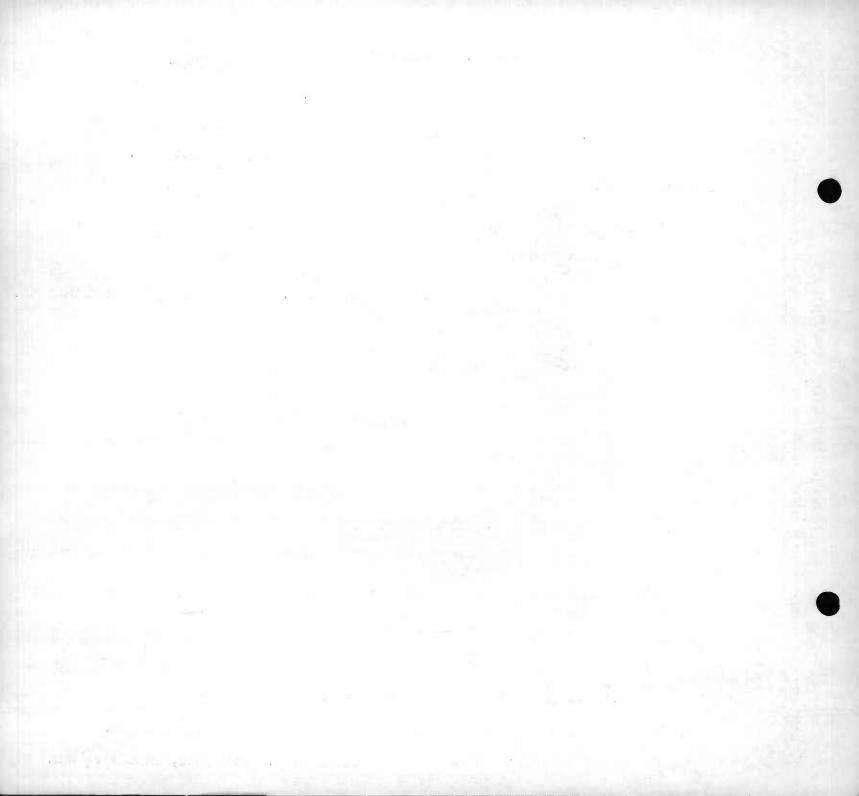
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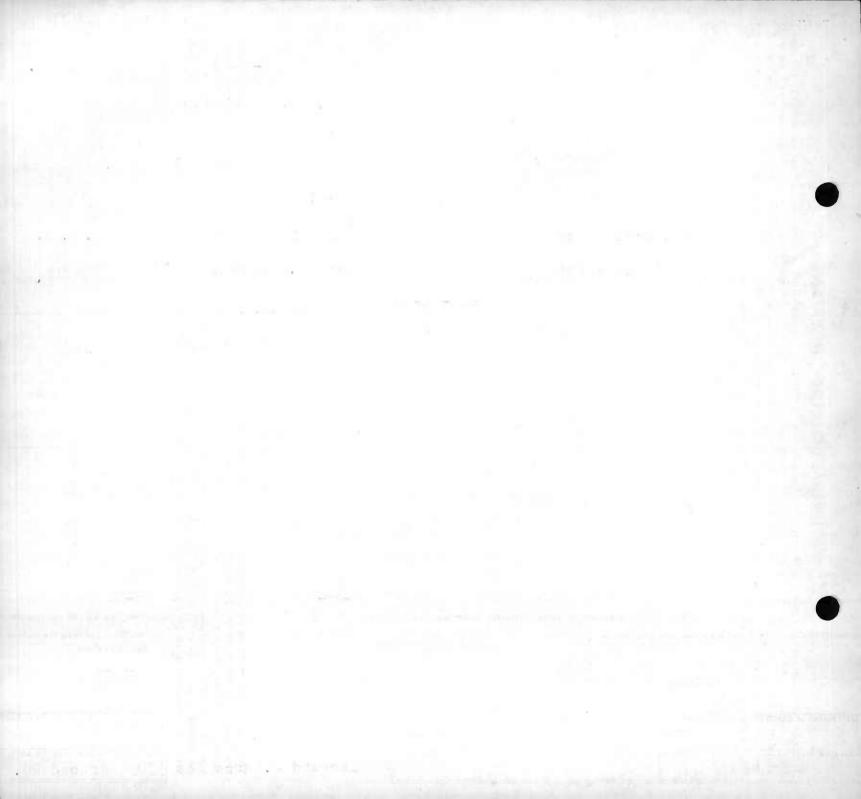


BALTIMORE CITY HEALTH DEPARTMENT

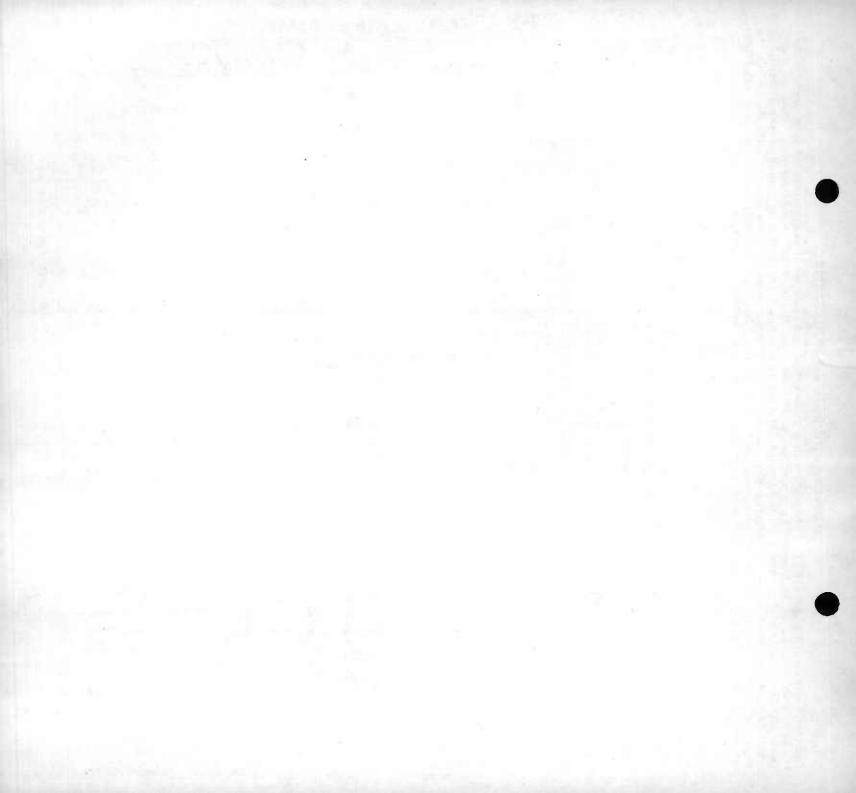






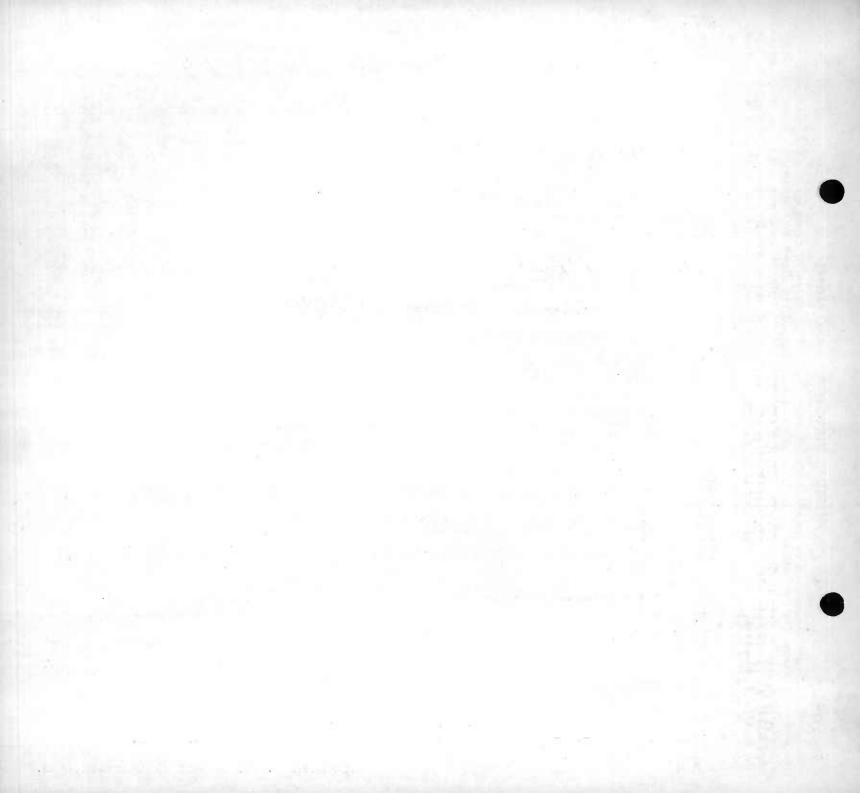


	BALTIMORE CITY	HEALTH DEPARTMENT		05 000:				
BIRTH NO. 65 6261 M.E. CASE NO.	CERTIFICA	TE OF DEATH	Registered Na	65 6261				
Type or Print)	MILLER	6/	13/65	11:00 A				
HOSPITAL OR address or location) INSTITUTION	HOSPITAL OR address or lacation) INSTITUTION			4. USUAL RESIDENCE (Where deceased fived, If institution: residence before admission A. STATE B. COUNTY M. C. CITY OR TOWN (II autside city limits, write RURAL and give fawnship) BACTIMERED. D. STREET ADDRESS (If rural, give location)				
				ECCA ERRINC				
R WIDO	SING/E	1/16/81	84	II Under 1 Yr. If Under 24 Hr Aanths Days Hours Min.				
10A, USUAL OCCUPATION (Give kind al wark) 10B, KINE dane during most of warking life, even if retired) ###################################	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign Amal.	gn country) /	12. CITIZEN OF WHAT COUNTRY?				
13. FATHERS NAME		14. MOTHER'S MAIDEN NAM	A E					
John P. Mille 15. Was Deceased Ever in U. S. Armed Farces?	1 6. SOCIAL	MARGARE!	T Schi	NE IS				
(Yes, na ar unknawn) (If yes, give war ar dates af servi	security No.		1					
18. 4 77 /1	216-03-6308 CAUSE O	F DEATH	ECKER Mes	INTERVAL BETWEEN				
DISEASE OF CONDITION DIRECTLY		2-0		ONSET AND DEATH				
LEADING TO DEATH	(A)	ERITONI TI.	SE CON	DAR!				
(This does not mean the mode of dying, heart failule, asthenia, elc. It meons the dise	e.g., DUE TO	O RUPTURE	D DIVER	TICULITIS				
injury or complication which caused death,) ANTECEDENT CAUSES	(B)							
DISEASES OR CONDITIONS, if any, gi		18 11 11 11 11 18 18 18 18 11 11 11 12 12 13 11 11 12 12 13 14 14 14 14 14 14 14 14 14 14 14 14 14		····································				
rise to the abave cause (A) slating UNDERLYING CONDITION last.	the (C)							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO								
DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No.	208. IF YES, WERE FIN	DINGS CONSIDERED				
Z1A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner)	21B. PLACE OF INJURY (e.g., in hame, larm, foctory, street, at etc.)	n or obout 21C. WHERE DID	(If in Baltimare C	ity, give exact lacation)				
21D. TIME (Manth) (Day) (Year) (Hour) OF INJURY (APPROX.)	21 E. INJURY OCCURRED While At		URY OCCUR?					
22. I certify that (I) (his hospital) attend	ed the deceased fram	6/13	9 (I to	6/15 19 11				
that (I) (w) last saw the deceased alive	an 6/13			an death accurred an the da				
and haur and fram the causes stated obav	e. (1) (Wa) (did) (did nat) v							
23A. SIGNATURE SWALLO	M.D. Atte	ending Med.	Staff Phys.	3B, DATE SIGNED				
23C. PHYSICIAN'S NAME (Type) S. SAMAA		23D. ADDRESS	Emorine	HOS				
24A. BURIAL CREMATION, 24B. DATE 24	C. NAME of CEMETERY of CRI			town, ar caunty) (State)				
Burial 6/16/65 1	T. OLIVET C	EMETERY /	Salta. 1	Md.				
JUN 15 1965 Pole &	AE OF REGISTRAR	25C. FUNERAL DIRECTOR	ck Tre 53	ADDRESS HARFIED R-				
VS 150-REV. 1/1/65	1 22 1 1	11 15 7 16 19	7.77					

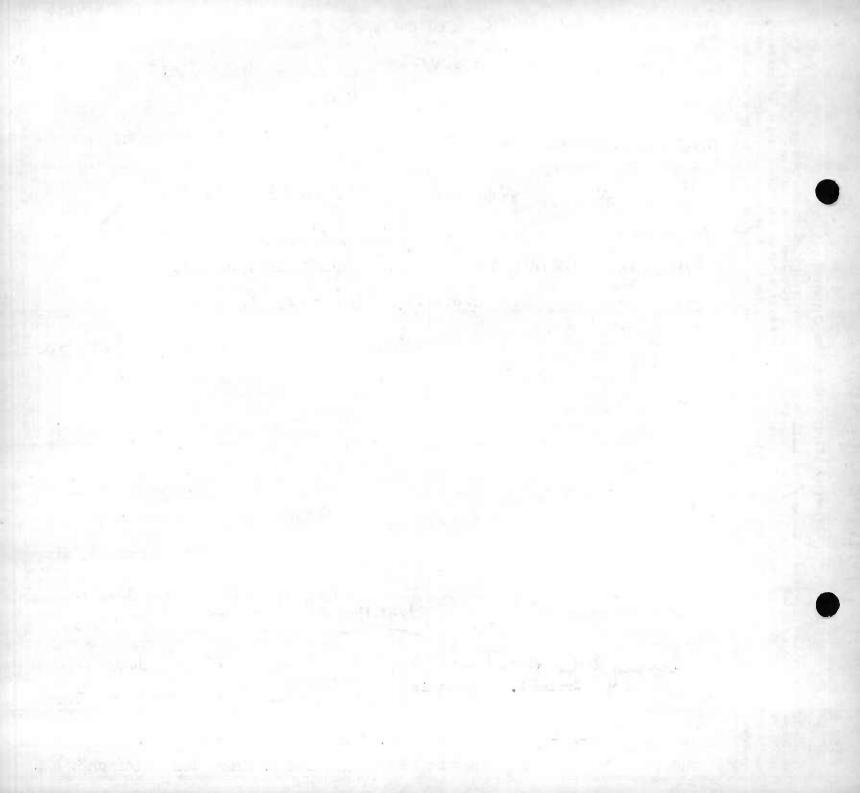


TANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospit the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) De was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance deceased prior to death	written approval must be obtained before the remains are embalmed or final disposition is made.
IMPOR	Also, if re of any nounced attendar	Imed or f
FUNERAL DIRECTOR: IMPORTANT	examiner. (3) A fractuan who proin regular	ns are emba
NERAL D	hief medical a medical ody burns; he physicie sician was	the remain
5	d by the clospital by trure; (2) B trure; (4) B trure to the true true true true true true true tru	ned before
	e approve d to the har of any na tal (except); and (t be obtain
	ate must bas released a accidentation at a hospi	roval mus
	is certifice body we ows: (1) A as D.O.A.	itten app
	t t s	3

	65 6262	BALTIMORE CITY H		Destaural No. /	0000
	TH NO.	CERTIFICAT	E OF DEATH	Registered No.	15 6262
1. N	AME OF DECEASED	Oi		D HOUR OF DEATH	10 45
, .	LENA JOHANNA	Stevens	ON GO	5-65	12/1
30 0	EACT OF SEATH IN SALIMORE MARKENES	A	A. STATE B. COUN	Y Coccessed lived. IV liks	A-O
1	FULL NAME DF (If not in hospital or institution, give st	treat	C. CITY OR TOWN (If out:	0	150
	NSTITUTION The MORDITAL FO	R The	0 14		IRAL and give township)
9	1112200	10 0	Saltimo	urol, give location)	
	MSTITUTION THE HOSPITAL FO Women of Mary	land	5720 Lc	ith wal	k
5. 5		R MARRIED B.		ost birthdoy)	If Under 1 Yr. If Under Months: Doys Hours
te	male white widow.	e d	8-21-1883	81	20,3
	USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSII)	NESS OR INDUSTRY 11	. BIRTHPLACE (State or forais	in country)	12. CITIZEN OF WHAT COUNTRY?
	Jusew. fe		New YOR	k	U-S. 17.
	FATHER'S NAME	14	. MOTHER'S MAIDEN NAM		
	Henry Pfiet		2020EXXXXX	XX Johann	a Weisenback
15.	Was Deceased Ver in U. S. Armed Forces? s, no or unknown! If yes, give wor or dates of service)	OCIAL 17	- INFORMANT	1	ADDRESS
	1 217.100000	ECURITY NO.	Datient	s chae.	a Weisenback ADDRESS
U	118. 14 0 0 1	CAUSE OF I			INTERVAL BETWEE
	DISEASE OR CONDITION DIRECTLY	h	0.113 0.11	_	ONSET AND DEA
	LEADING TO DEATH	(A) A	SHD+CH	F	19 das
	(This does not meon the mode of dying, e.g., healt failure, asthenio, etc. It meons the disease,	DUE TD			1
	injury or complication which caused deoth.)	489			
	ANTECEDENT CAUSES	DUE TD			
	DISEASES OR CONDITIONS, if any, giving rise to the obove cause (A) stating the	(C)			
	UNDERLYING CONDITION lost.				
z	THER SIGNIFICANT CONDITIONS CONTRIBUTING				
TIO	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
ICA	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH	OPERATION	20A-AUTOPSY? (Yes or No	20B. IF YES, WERE FILL	NDINGS CONSIDERED
ERTIFI	WAS PERFORMED		no	IN CERTIFIING CAU	SES OF DEATH!
O	21A. ACCIDENT WAS UNDERLYING 21B. PLAC OR CONTRIBUTING CAUSE OF home, for	E OF INJURY (e.g., in o	e bldg., INJURY OCCUR?	(If in Boltimoro	City, give exact location)
CAL	DEATH (notify medical examinar)				
	OF INJURY	RY OCCURRED	21 F. HOW DID INJU	JRY OCCUR?	
LEDI	While At	Not While [
MEDI	Work	At Work			
MEDI	22. I certify that (I) (this begins) ottended the de-	At Work		9 65 to	6-13 19
MEDI	22. I certify that (1) (this becaute) ottended the de	Ceosed fram	- 26		6 - 13 19 on death occurred on t
MEDI	22. I certify that (I) this bestite) ottended the dethat (I) (weet last saw the deceased alive on	ceosed from 5	- 26 1		6-13 19 on death occurred on t
MEDI	22. I certify that (1) (this becaute) ottended the de	ceosed from 5	- 26 1	ot in(my) (aur) opini	6 - 13 19 19 19 19 19 19 19 19 19 19 19 19 19
MEDI	22. I certify that (1) (this besite) ottended the dethat (1) (wee) last saw the deceased alive on	At Work Ceosed from	19 65 ond the	ot in(my) (aur) opini	
MEDI	22. I certify that (I) (this begins) of other ded the dethat (I) (was last saw the deceased alive on	At Work L ceosed fram	19 65 ond the	ot in(my) (aur) opini	
MEDI	22. I certify that (1) (this begins) of other ded the derivation (1) (wed) last saw the deceased alive on	At Work L ceosed fram	19 65 ond the we the body ofter deoth.	ot in(my) (aur) opini	
MEDI	22. I certify that (I) (this begins) of ottended the dethat (I) (was last saw the deceased alive on	At Work ceosed fram Am. 5-13 (did) (did not) vie Phys. 231	19 65 ond the law the body ofter deoth. Med. Director D. ADDRESS	of in (my) (aur) opini	23B. DATE SIGNED 6-13-65
WEDI	22. I certify that (I) this begins of tended the dethat (I) (wed last saw the deceased alive on	At Work Ceosed fram Att. 2 Attend Phys. Attend Phys. If CEMETERY or CREM	19 S ond the law the body ofter deoth. Med. Director D. ADDRESS	Stolf Phys. Carlon (City	23B. DATE SIGNED 6 -13-65 , lown, or county)
WED	22. I certify that (I) (this begins) of ottended the dethat (I) (wat last saw the deceased alive on	At Work ceosed fram (did) (did not) vie (M.D. Attend Phys. M.D. GEMETERY or CREM AWN (emete	19 S ond the law the body ofter deoth. Med. Director D. ADDRESS	Stolf Phys. Carlon (City	23B. DATE SIGNED 6 -13-65 , lown, or county)
WED	22. I certify that (1) this begins of tended the dethat (1) (wed last saw the deceased alive on/2 and hour and from the causes stated above. (1) (Wed 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) A. BURIAL CREMATION, 24B. DATE 24C. NAME of REMOVAL (Spacify) 6-16-65 Oak Lower	At Work ceosed fram (did) (did not) vie (M.D. Attend Phys. M.D. GEMETERY or CREM AWN (emete	19 S ond the law the body ofter deoth. Med. Director D. ADDRESS	Stolf Phys. Carlon (City	6-13-65



BIRTH NO. 65 6263)	EALTH DEPARTMENT	X	65 6263
M.E. CASE NO.	CERTIFICAT	E OF DEATH	Registered No	- (/\div
1. NAME OF DECEASED			D HOUR OF DEATH	-
GEORGETTA C	ANOVA	L USUAL RESIDENCE (When	UNE 12, 1%	5 / 12:5
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	14	L USUAL RESIDENCE (Where B. COUN	e deceosed lived. If institu TY	ution: residence before odm
FULL NAME OF (If not in hospital or institution,		MD.		Ballo
HOSPITAL OR oddress or locotion) INSTITUTION		n	side city limits, write RUR	AL ond give township)
MONTE BELLO STATE HO.	SPITAL	COCKETSVI	LLE	0000
MONTE OF LLO SIGIE 150.		PADONIA	ROAD	
5. SEX 6. RACE 7. MARRIED	D. NEVER MARRIED B.	DATE OF BIRTH	9. AGE (In years If	Under 1 Yr. If Under
	ED, DIVORCED (specify)	5-7-1893	lost birthdoy) 72 M	onths Doys Hours
10A, USUAL OCCUPATION (Give kind of work 10B, KIND C		. BIRTHPLA CE (State or forei	gn oountry) 1	2. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE		PA		U.S.
13. FATHERS NAME	14	. MOTHER'S MAIDEN NAM	ME	0.0.
PASQUALE BRINDIS		Antoinette.	Novallas	
13. Was Deceased Ever in U. 3. Armed Forces:	I D. SOCIAL	· INFORMANT	vovenus	ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service)	218281114	HOSPITAL R	0	
18. / 7 / X I	CAUSE OF I	DEATH	is colenz	INTERVAL BETWEE
DISEASE OR CONDITION DIRECTLY	^		0	ONSET AND DEA
LEADING TO DEATH	IAI CARC	IND MA OF	LERUIX	9 YEAR
(This does not mean the mode of dying, e.g. heart failure, asthenia, etc. II means the disease)., DUE 10			
injury or complication which coused death,)	(0)			
ANTECEDENT CAUSES	DUE TO	\$4444	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoling the		10000000000000000000000000000000000000	· • • • • • • • • • • • • • • • • • • •	
UNDERLYING CONDITION lost.				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	NG			
TO THE DEATH BUT NOT RELATED TO T DISEASE OR CONDITION CAUSING IT.				
19A. DATE OF OPERATION 19B. CONDITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or No	IN CERTIFYING CAUSE	S OF DEATH?
E O	R BLACE OF INITIAN	IVU		
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	IB. PLACE OF INJURY (e.g., in o ome, form, foctory, street, office c.)	e bldg., INJURY OCCUR?	tir in Bollimore Ci	ty, give exact location)
U	E. INJURY OCCURRED	21F. HOW DID INJ	IIDY OCCIID?	
S OF INJURY	Vhile At Not While		OK! OCCOR!	
W	VOIK AT WORK			1 1
22. I certify that (this hospital) attended	1 . 41 70 4	4 6	9 65 10	
that (1) (we) last saw the deceased alive an			at in (my) (aur) opinio	n death accurred on t
and hour and from the causes stated abave. 23A, SIGNATURE	(We) (did) (did not) vie	w the body after death.	loo loo	B. DATE SIGNED
10000	M.D. Attendi	ing Med.		
23C. PHYSICIAN'S	Phys.	D. ADDRESS	Stoff Phy s.	JUNE 12,191
NAME (Type) O Frving L. Co	ODDATSTAIN		STATE HOS	PITAL BALT
24A. BURIAL CREMATION, 24B. DATE 24C.	NAME el CEMETERY or CREM	20NTEBELLO		lown, or county)
REMOVAL (Specify)		n /	4	/ or county)
6-15-65 /M	oreland Mem.	Park Ba	ltimore, Ma	ADDRESS
	2. Dew M. N		Ruck Inc Bo	
VS 150-REV. 1/1/65		-cortact of	- well 5/20 Da	
10 100 1101 11 1100	The same of the sa			



	FUNERAL DIRECTOR: IMPORTANT	TOR:	WPORTANT	•		*
This certificate must be apprint body was released to the	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of a	aminer or	his assistant so, if the dir	if death occu	buting cau	se of a
snows: (I) An accident of an	snows: (1) An accident of any nature; (2) Body burns; (3) A tracture of any kind; (4) Undetermined cause; (3) Dece	tracture	of any kind; (4) Undetermi	ned cause;	(2) Dece
was D.O.A. at a hospital (e)	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance or	ho prono	unced death	was in regu	ilar attenda	ance or
deceased prior to death); a	death); and (6) No physician was in regular attendance on the deceased prior to death.	egular at	tendance on	the decease	d prior to	death.
written approval must be ob	written approval must be obtained before the remains are embalmed or final disposition is made.	embalm	ed or final dis	position is m	ade.	

BIRTH NO. 65 6264 BALTIMORE CITY HEALTH DEPARTMENT CENTIFICATE OF DEATH Registered No. 65 6264							
BIRTH NO.	65 6264						
M.E. CASE NO. 1. NAME OF DECEASED (Type or Printle)	101 +	2. DATE AND	HOUR OF DEATH	1 - 1 1 3 14			
3. PLACE OF DEATH IN BALTIMORE MARYLAND	a Schwarl=	2 day	e 12,196	5/12 Midney,			
S. FEACE OF BEATH IN BALTIMORE MARIEAND	A. S	TATE B. COUNTY	deceoped lives. If institu	ution: residence before odmiss in)			
FULL NAME OF (II not in hospital or institution, oddress or location)		CITY OR TOWN (If outside	de city limits, write RUR	Al onl give township			
INSTITUTION		Baltim	ore	Are one dive to another			
Ilian Mars 11/	1 - 1 D. S	TREET ADDRESS (If rur	oly give location)	1 1			
5 SEV 16 BACE 17 MADDIE	NEVER MARRIED B. DA	4501 VV	AGE (In yeors 64 M	Under 1 Yr., If Under 24 His.			
Tanala Caran Widowi	D DIVORCED (specify)	7-26-6-	st birthday)	Anths Doys Hours Min.			
	F BUSINESS OR INDUSTRY 11. B	IRTHPLACE (State or foreign	country) 1	2. CITIZEN OF WHAT COUNTRY?			
done during most of working life, even if retired)		Yarvland	1	United States			
13. FATHERS NAME	1 t 14. A	NOTHER'S MAIDEN NAME	11/11	1 14:			
Joseph Edward Grex	inholts 1	Jora Be	MA	Thes tunes			
15. Was Declased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service)	SECURITY NO.	FORMANT	4	ADDRESS			
No.	213285231 P	R Cha	70				
DISEASE OR CONDITION DIRECTLY	CAUSE OF DEA	AIH /	,/	ONSET AND DEATH			
LEADING TO DEATH	(A) Inter	cerebraly	temorrhag	e 22 Hrs			
(This does not meen the mode of dying, e.g. heart foilure, asthenia, etc. It means the disease	, DUETTO		, 0				
injury or complication which coused death,) ANTECEDENT CAUSES	(B) Arteri	o sclevotic	Cerepro				
DISEASES OR CONDITIONS, if ony, giving	DUE TO	Vaiscu	lar Disseas	re			
rise to the obave cause (A) stating the UNDERLYING CONDITION fast.	(C)	**************************************	~~~~	••••••••••••••••••••••			
11 -							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO T DISEASE OR CONDITION CAUSING IT.							
	WHICH OPERATION 2	A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINI	DINGS CONSIDERED			
19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	250	No	IN CERTIFYING CAUSE	S OF DEATH?			
U 21 A. ACCIDENT WAS UNDERLYING 21	B. PLACE OF INJURY (e.g., in or of me, form, foctory, street, office bl :.)	dg., INJURY OCCUR?	(If in Boltimore Ci	ty, give exoct location)			
U OF INJURY	E. INJURY OCCURRED	21F. HOW DID INJU	Y OCCUR?				
	hile At Not While Ork At Work		1 - +				
22. I certify that (I) (this hospital) attended	4	e 12, 19	- Chinaman	ne 12 19 65.			
that (I) (we) last saw the deceased alive on.			in(my) (our) o pinia	n death accurred an the date			
and haur and fram the causes stated above.	(I) (Wa) (did) (did not) view t	he bady after death.	Inc	& DATE SIGNED			
To the second	M.D. Attending	Med. St	off ys.	June 12 1915			
23C. PHYSICIAN'S	Phys.	Director Ph	lys.	June 12/100			
CHARLES T. FL	EYCHER M.D.	hian Me	maria	1 Hospital			
	AME OF CEMETERY OF CREMATO	DRY 24D. LOC	CATION (City,				
burial 6-16-65 In	manuel Luthera	in Cem. Bax	XXXXXXe,XX	A. Balto. Md.			
				ltimore, Md.			
VS 150-REV. 1/1/65		eonaca. J.	ack site ba	Journal John Committee of the Committee			

T. T.

	TH NO.	MED	ICAL EX	CAMINER'S	ERTIFICA	TE OF	DEATH Regist	ered No	
	E CASE NO.	CEASED				2 5 4 77 444	D HOUR PRONOUN	CED DEAD	
(Ťy	pe or Print)		4						
3 1	LACE IN RAL	Wilmer C	lements		Id. USIIAI PES	JU	ne 13, 1965	stitution: res	1:25 A.M.
J. 1	TACE III DAE	THIORE, MARIEAND, W	TIERE I KONOC	SINCED DEAD	A. STATE		B. CO	UNTY	ndence bolote odini saloti
FU	SPITAL OR	(IF NOT IN HOSPIT	AL OR INSTITU	JTION, GIVE STREET		ryland	e corporote limits, wri	Ie RURAL a	and give township)
IN:	TITUTION	ADDRESS ON LOCA	110147				1	2	18
21	6- 5-					Itimore DRESS (If rurol,	sive leastes)	7	$O_{\mathcal{Q}}$
7		Union Memori	al Hosp	ital					
5. 5	FÝ	6. RACE		NEVER MARRIED	B. DATE OF BI	72 Ash S	9. AGE (In years	Tif linds	er 1 Yr, If Under 24 Hrs,
٠			WIDO WED,	DIVORCED (specify)	D. DATE OF MI		lost birthdoy)	Months	Doys Hours Min.
	Male	White	Marr		June	14, 1893	71		
		UPATION (Give kind of wor working life, even if retired)	k TOB. KIND OF	F BUSINESS OR INDUSTR	Y 11. BIRTHPLAC	E (State or foreig	in country)	12. CITIZ WH	ZEN OF AT COUNTRY?
R	etired	Machinist	Poole	Foundry	Mary	Vland		U.	S.
13.	FATHER'S NAM	ΛE			14. MOTHER'S	MAIDEN NAM	E		
	Walte	er Clements			Emily	Jones			
15.	WAS DECEASE	ED EVER IN U.S. ARMED	FORCES?	16. SO CIAL SECURITY NO.	17. INFORMAN	1		ADDRES	S
	no	no	es of service	JECOKIII NO,	TT - 2	F 63			
	118,	110		CAUS		L. CIE	ments.367	2 Ash	St.
NOIL	(This does heart foilure injury or co	SE OR CONDITION DI LEADING TO DEATH not meon the mode of , osthenio, etc. It meons implication which coused ANTECENDENT CAUSI OR CONDITIONS, IF A IE ABOVE CAUSE (A) S NG CONDITION LAST.	dying, e.g., the disease, deoth.)	(A) Arter: DUE TO (B) DUE TO	iosclerot	ic Cardi	ovascular D	isease	ONSET AND DEATH
CERTIFICATION	TO THE	NIFICANT CONDITIONS DEATH BUT NOT RE OR CONDITION CAUSING	LATED TO T						
	19A. DATE OF	WAS PER		WHICH OPERATION	20A. AUTOP		20B. IF YES, WERE F		
IEDICAL	UNDERLYING	CAUSE WAS OR CONTRIB- USE OF DEATH.	21 B. home etc.)	PLACE OF INJURY (e.g., , form, loctory, street,	in or obout 21C.	WHERE DID JRY OCCUR?	(If in Boltimore City,	give exoct I	locotion)
Σ	21 D TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeo	V	WHILE AT NOT AT NOT	WHILE 21 F.	HOW DID INJU	JRY OCCUR?		
	22. cer	tify that I held an I	nquiry 🗌	Inspection X A	utopsy 🗌 🔾	and that on th	is bosis, death In	my opinio	ın
	resu	Ited from: Natural co	uses X A	Accident Suici	de Homi	cide	Undetermined mon	ner	
	ACTUA SIGNAT EXAMIN	VER'S	Ad		. ASSISTANT	MEDICAL EX	KAMINER X	June	DATE SIGNED 13, 1965
22	NAME (C. NAME OF CEMETERY	OF CREAT A TOPY	220 1	OCATION (Cit	y, town, or	county) (Stote)
	MOVAL (Specif		23	C. IAMME OF CEWELEKE	OF CREMATORY	230. L	CAHON (CI	y, 10 Wn, 01	County) (Store)

Burial 6/16/65 Lorraine Park
24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR 2

JUN 15 1965 Robert E. Farley MA

Windsor Mill Rd, Md
ADDRESS

VS 151-REV. 1/1/65

Manniad

June 11, 1893 - 71

Serired Machinian Paole Poundry

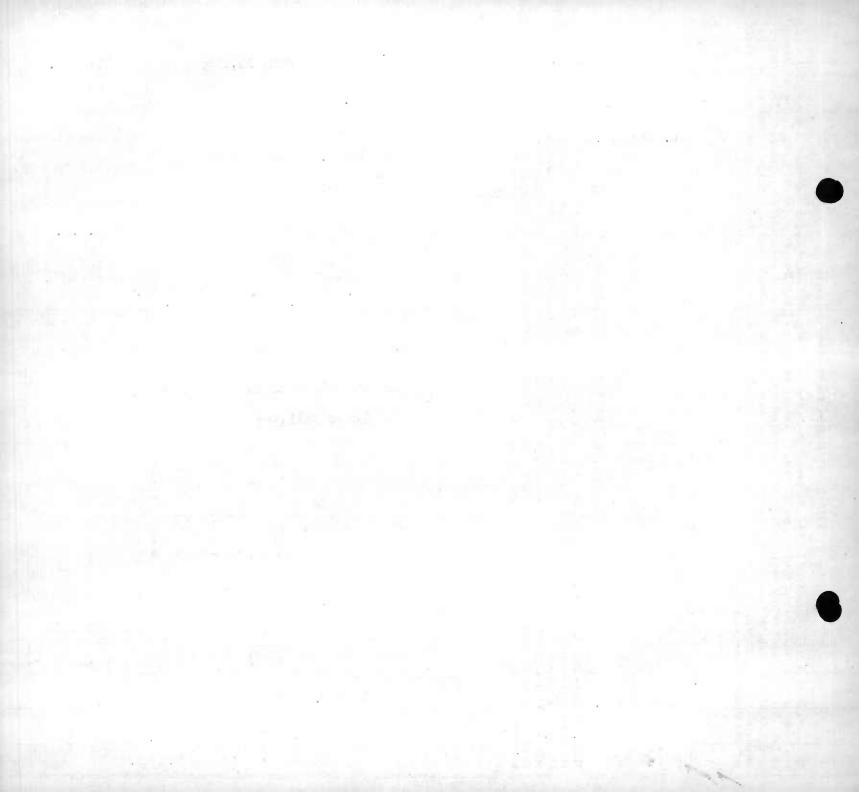
. adler Clements.

. E.H bonlyned U.S.

Enily Jones.

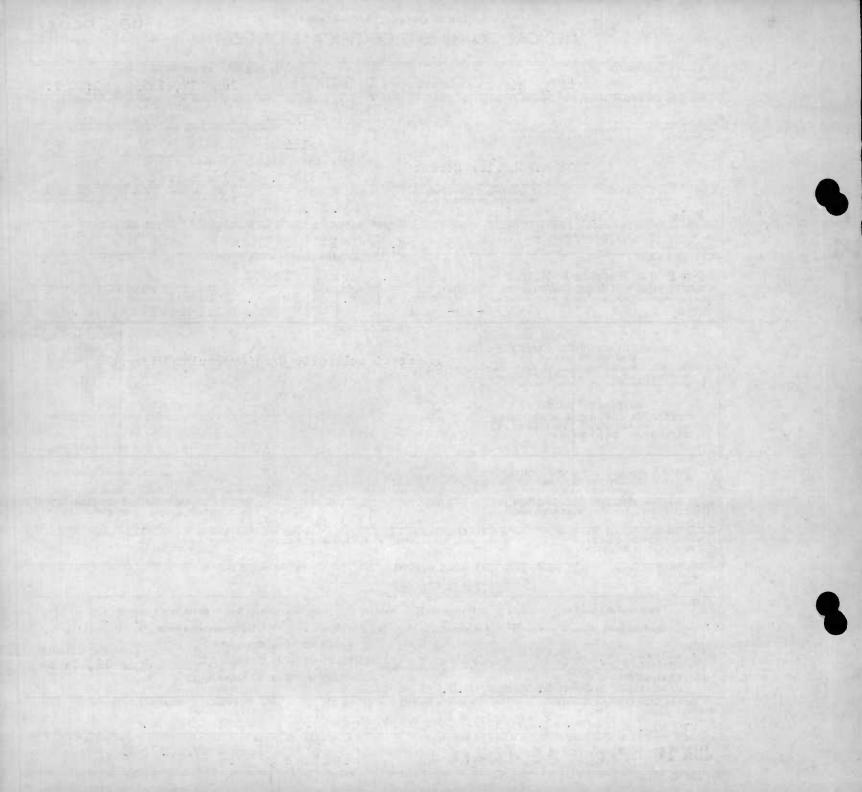
Helen L. Clements, 3672 han St.

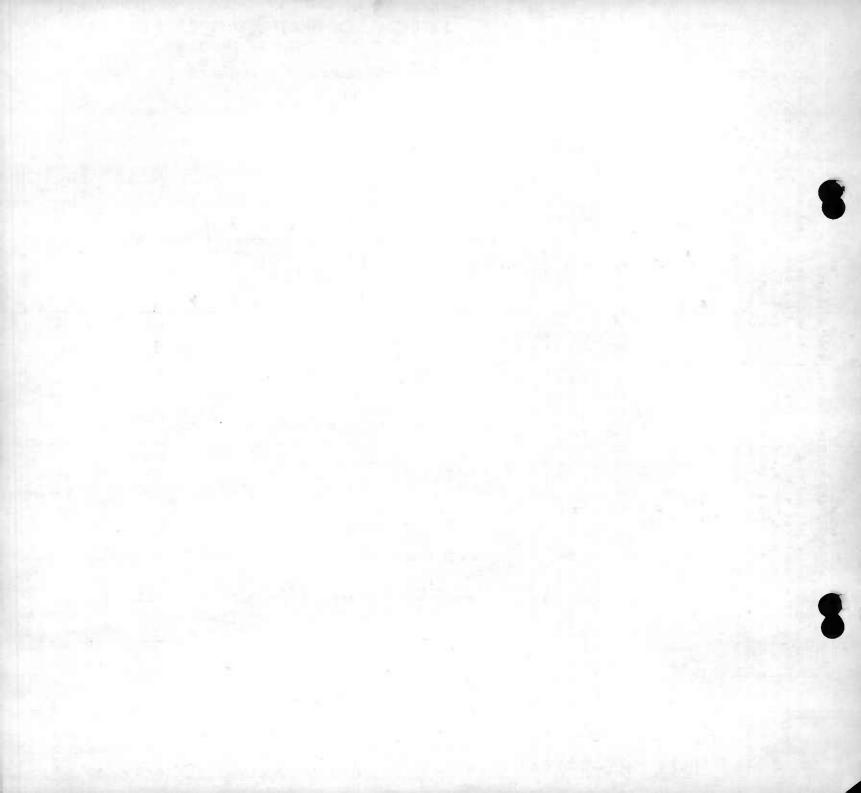
BIRTH NO.		6266		TE OF DEATH	Registered Na	65 6266
M.E. CASE NO 1. NAME OF D (Typo or Print)		MARY (MARY EVA PE	MADOUTE)	14,1965	10:05 P.
FULL NAMI HOSPITAL C INSTITUTION	R oddress or locot	ol or institution,	grve streol	A. USUAL RESIDENCE (Wh. A. STATE B. COU	ere deceosed lived. II NTY	e RURAL and give township)
				740 N. Linwood		
Female		Widow		6/29/87	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hr Months Doys Hours Min.
Houses	ol working lile, even it retired		BUSINESS OR INDUSTR	Maryland		12. CITIZEN OF WHAT COUNTRY?
Ebene Ebene	ezer Smith			Araminta	ME Gardner	
	sed Ever in U. S. Armed Fown) (If yes, give wor or do		16. SOCIAL SECURITY NO.	Mr. Samuel Mr. 734 N. Li	1. Peacock	Jr.
DISEASES rise to UNDERLY	s not meon the mode of the complication which coust ANTECEDENT CAUSI OR CONDITIONS, it is above cause (AING CONDITION lost. James Condition of the coust of the	as the disease, and death.) ES ony, giving one of the disease, and the d	(C) DUE TO	te Pulmonary Ede	Heart Disea	se
			WHICH OPERATION	NO		E FINDINGS CONSIDERED
OR CONTI	DENT WAS UNDERLYING IBUTING CAUSE OF Offy medical axaminer	PLACE OF INJURY (e.g., o, form, toctory, street,	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltime	oro City, givo exoct locotion)	
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At At Work At Work						
22. I certify that (I) (this hospital) attended the deceased fram June 11 19 65 to June 11 19 65 that (I) (we) last saw the deceased alive an June 11 19 65 and that in (my) (our) opinion death occurred on the decaard hour and hour and from the couses stated above. (I) (We) (did) (did nat) view the body after death. 238. DATE SIGNED						
	E (Type)	Sagin	M.D. APh	tending Med. pirector 23D. ADDRESS 1400 N. Carol:	ine Street.	6/14/65
Burial Burial	REMATION. 248. DATE L (Specify) June. 18	24C.N.		emetery B	altimore	City, town, or county) (Slote)
JUN 1	1965 Pole	E ta	Pregistrar M.D	HENRY SAND Baltimore	ER & SONS	.INC.



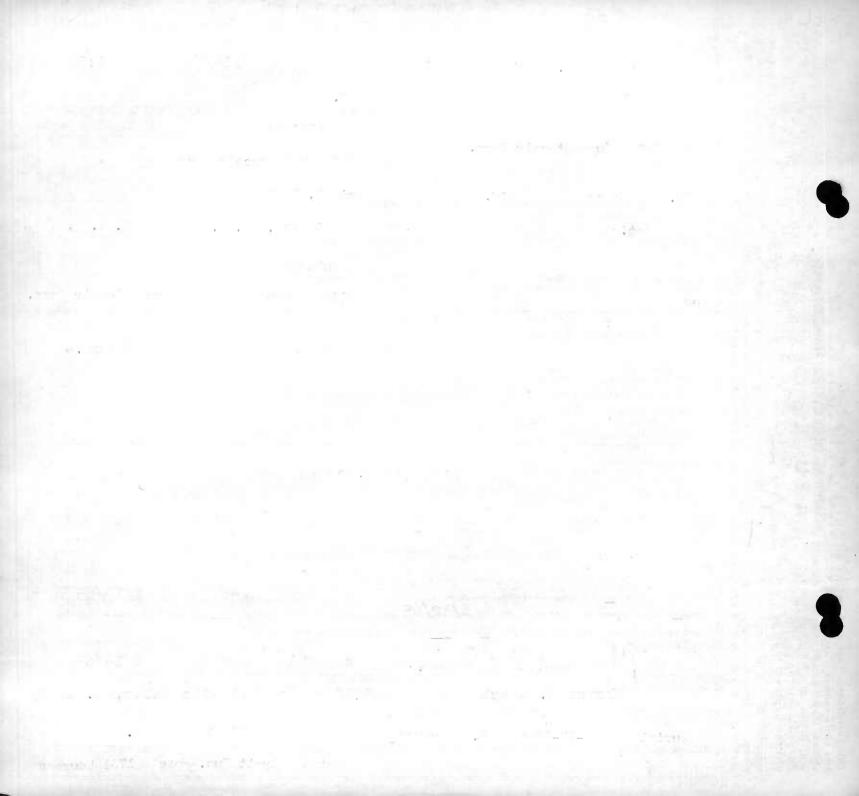
VS 151-REV. 1/1/65

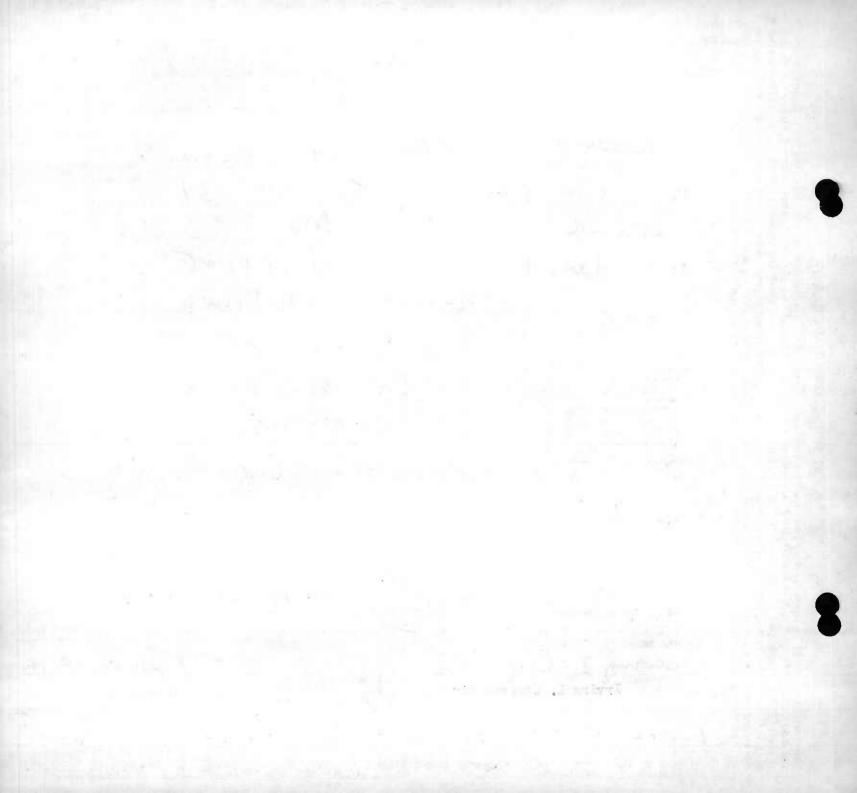
Baltimore Md.





VS 150-REV. 1/1/65

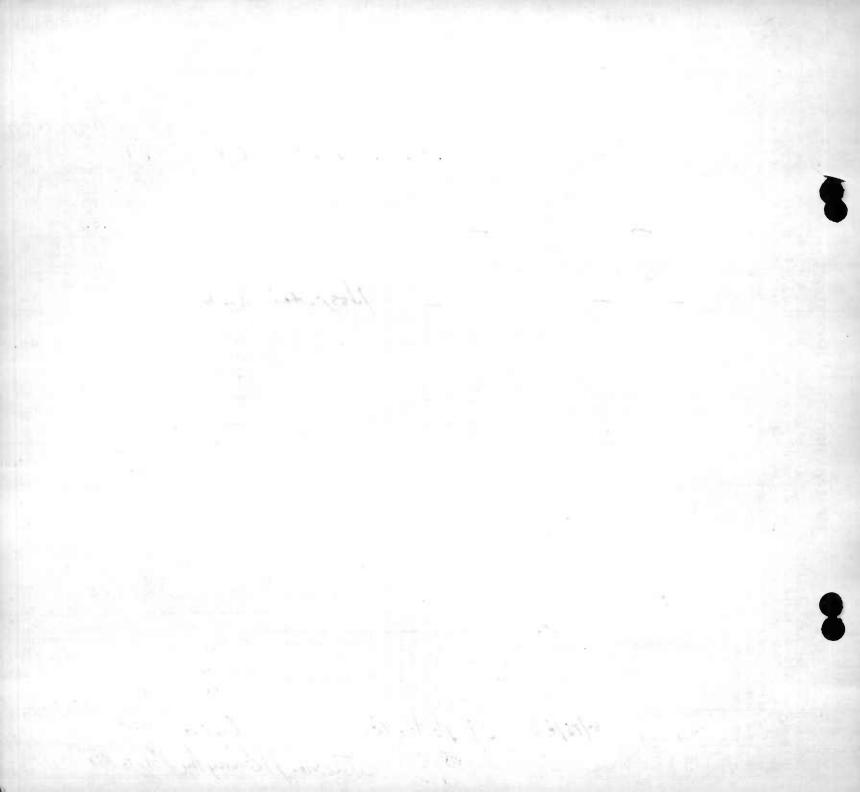




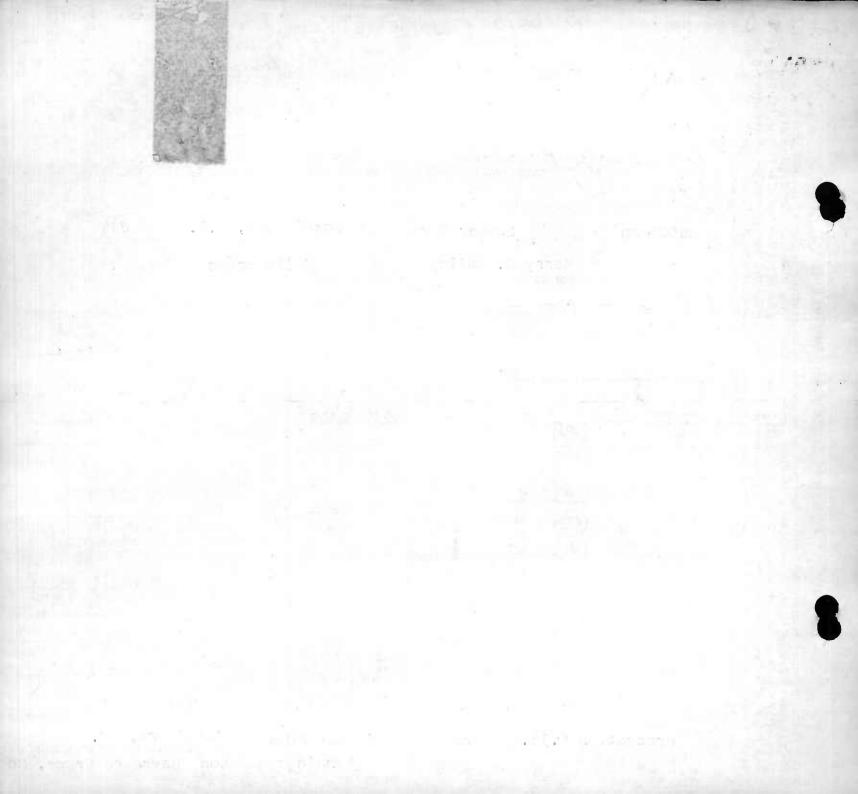
C5 COM	BALTIMORE CI	Y HEALTH DEPARTMENT		65 6271
BIRTH NO. 65 627	L CERTIFIC.	ATE OF DEATH	Registered No.	00 0211
M.E. CASE NO. 1. NAME OF DECEASED		2. DATE AN	D HOUR OF DEATH	
Type or Print) Taba DOLIV	187	4. USUAL RESIDENCE (Whe	12,106	7:20
3. PLACE OF DEATH IN BALTIMORE, MARYLAND)	4. USUAL RESIDENCE (Whe	re deceased lived. If in	stitution: residence before a
		A. STATE B. COUN	ITY	9-17
FULL NAME OF (If not in hospital or instit	ution, give street	Maryland		100
INSTITUTION		C. CITY OR TOWN (IF OU	tside city limits, write I	RURAL ond give township)
		12g/Timor		
2015 5+ 10000	54		rurol, give location)	-£
3045 STRICKER.		3045.5fx	ICKERS	/
5. SEX 6. RACE 7. MA	RRIED, NEVER MARRIED DOWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	Months Doys Hours
Male white m	larried	Sept. 20, 1910	54	
IDA. USUAL OCCUPATION (Give kind of work 108. KI	ND OF BUSINESS OR INDUST	Y 11. BIRTHPLA CE (Stote or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)	dino Station	West Va.		115 A
29/83 M9N (105)	011100191101	14. MOTHER'S MAIDEN NA	MF	19.201-
0: 11				
Peter Oliver		Unkno	wn	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no prunknown) (If yes, give wor or dates of se	rvice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
NO	035 1/- 1 CA	minis Emli	10x 2045	Stuines
1B. 9 8 0 0 1	235-16-6820	OF DEATH	VOI 307 3:	INTERVAL BETW
00 4121	CAUSE	O	A	ONSET AND DE
DISEASE OR CONDITION DIRECTLY		Kelmona	o of a second	0
(This daes nat mean the made of dying,	e.g. DUE TO	Minnic E. Oli OF DEATH Pulmonory Hemoelro	co-cm	
hearl failure, asthenia, etc. It means the di	sease,	11	_A	
injury or complication which caused death.	(10)	Hemoelwo	molesin	
ANTECEDENT CAUSES	DUE TO			· · · · · · · · · · · · · · · · · · ·
DISEASES OR CONDITIONS, if any,	.4			
rise to the above cause (A) stating UNDERLYING CONDITION last,	g lhe (C)		000000000000000000000000000000000000000	
11				
	BUTING			
TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	O THE			
OTHER SIGNIFICANT CONDITIONS CONTRIL TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMEN	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	208. IF YES, WERE I	FINDINGS CONSIDERED USES OF DEATH?
E O WAS PERFORME	LANGE DESCRIPTION OF THE PARTY		IN CERIFFING CA	OJEJ OF DEMIN!
U 21A. ACCIDENT WAS UNDERLYING	21 & PLACE OF INJURY (e.g.	in or obout 21 C. WHERE DID	(If in Boltimore	City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	etc.)	office bldg., INJURY OCCUR?		
21D. TIME (Month) (Doy) (Year) (Hour	21E, INJURY OCCURRED	21 F. HOW DID INJ	HRY OCCUP?	
OF INJURY			ON OCCON:	
(APPROX.)	While At Wo			
22. I certify that (I) (this hospital) atter	nded the deceased from	000000000000000000000000000000000000000	1960 to 1	une 12 19
that (I) (we) last saw the deceased aliv	1- 1-		at in (my) (our) api	nion death accurred on
ond hour and from the couses stated abo	V			
23A. SIGNATURE	yve. (i) (iie) (ala) (ala not)	view the body offer deoth.		238, DATE SIGNED
Adm-al-11	1. / MA	ttending Med.	Stoff	
Journey (mkeede ?	hys. Director	Phy s.	6.14.65
23C. PHYSICIAN'S NAME (Type)	0 044 6	23D. ADDRESS	1	2 1.
STANLEY	HNKUDAS MI	1802 w. B	set 11/	soll ?
24A. BURIAL CREMATION, 248. DATE	24C. NAME OF CEMETERY OF C	REMATORY /24D. L	OCATION (CI	ty, town, or county)
REMOVAL (Specify)	mt, Oliver	- Cometers	14 .	M . I .
Burial 6/16/65	1100.0000	- Comment Bar	Minore,1.	11ary 1and
25A. DATE REC'D BY HEALTH DEPT. 25B. N	AME OF REGISTRAR	25C. FUNERAL DIRECTOR	111	ADDRESS
JUN 1 6 1965 A O R C	Fall My	Walterskuner	al Home 30	45. Stricke
\$ 150-REV. 1/1/65	a way w	5 7 7 7		

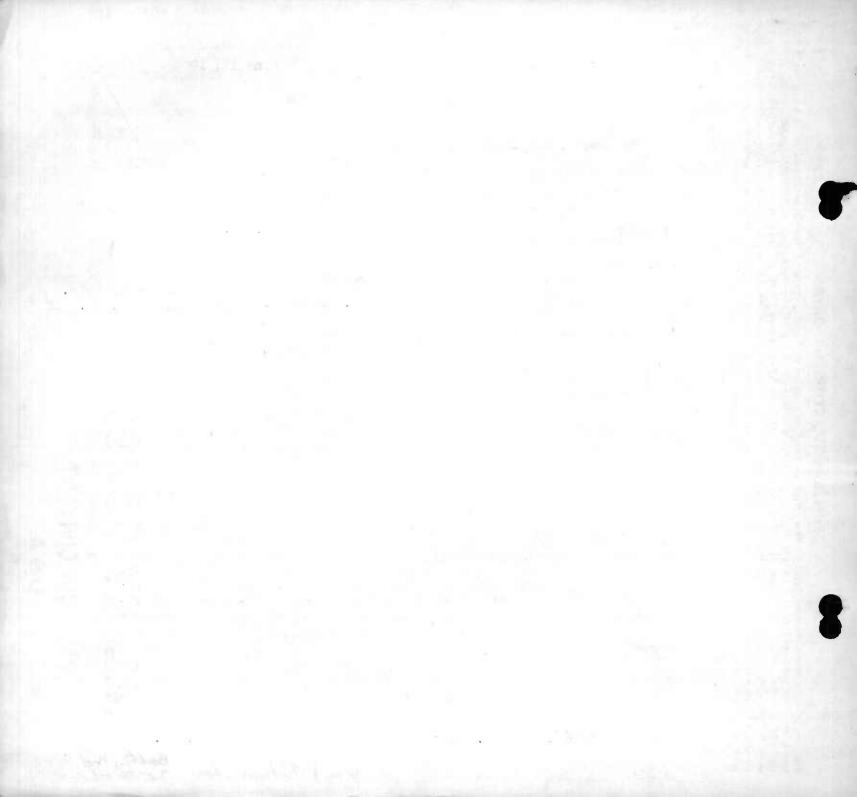
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and the large 1 . . All and the second . THE PROPERTY OF THE PROPERTY OF THE PARTY OF eralel . Learney I dette II, 1985 Liveland county that the first party and



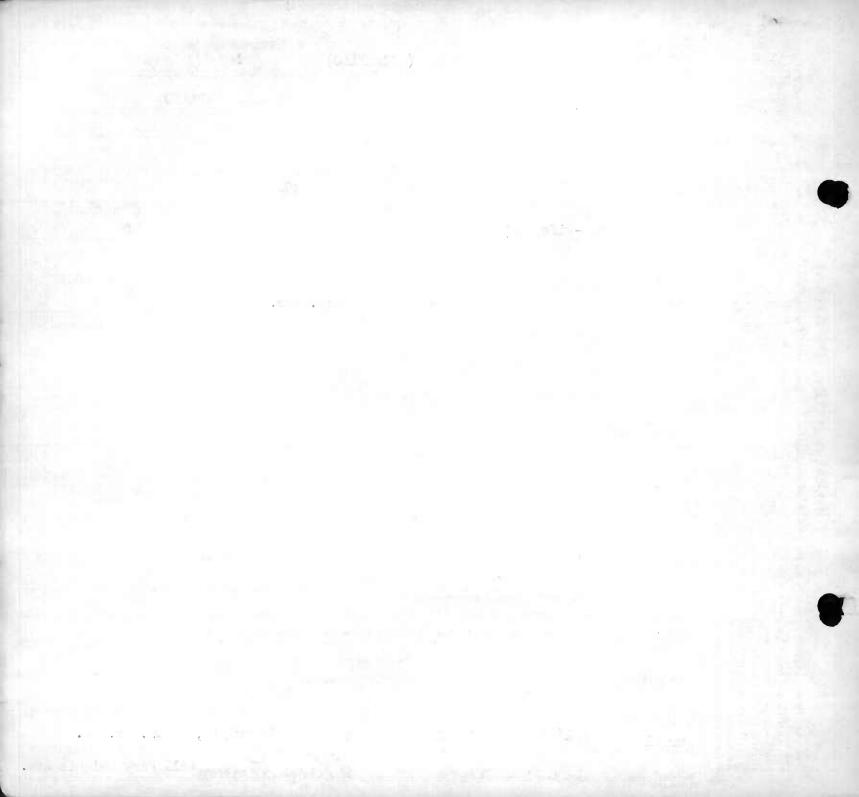
	05 06	ne a	BALTIMORE CIT	Y HEALTH DEPARTMENT		OF OOMA
BIRTH NO. M.E. CASE NO.		274	CERTIFICA	ATE OF DEATH		65 6274
1. NAME OF DECE	A WINIA	B. ERC	MAN		and hour of death	
3. PLACE OF DEA	TH IN BALTIMORE, MA	RYLAND	C) - 1 9 4 7 4	4. USUAL RESIDENCE (W	here deceased lived. If in	nstitution: residence before admission
FULL NAME O	F (If not in hospitat	or institution, give	street	MO		10-01
HOSPITAL OR	address or lacotio					RURAL ond give township)
0 /	033 FO	RREST	ST.	D. STREET ADDRESS	If rurol, give location)	
				1033 F	ORREST	57.
FEMALE.	6. RACE WHITE	7. MARRIED, NEY WIDOWED, DI	VER MARRIED IVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 H Months Doys Hours Min
	IPATION (Give kind of wor			Y 11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF
Poc VC	varking life, even if retired)		ACKING.	BALTON	MO	WHAT COUNTRY?
3. FATHER'S NAN	NE .		20	14. MOTHER'S MAIDEN N	_	
TAME	5 W101	KEP		ABNE	ES ?	
5. Was Deceased	Ever in U. S. Armed Fo	ices? 16.	SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No	, , , , , , , , , , , , , , , , , , , ,		12-01-495	7 FAMILY		SAME
18. 44 2	2./1		CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	E OR CONDITION DI LEADING TO DEATH		A	TERIOSCL.C	ON DIC	2 YRS.
	at mean the made of		(A) DUE TO	ILRIOSCEIC	יבועיעי	-//->-
	asthenia, etc. 11 means plication which coused					
- 1	ANTECEDENT CAUSES	S	(B)		***************************************	
	R CONDITIONS, if			WEED OF CI	Quitant	K-465
	abave couse (A) CONDITION lost.	stoting the	(C)[(KTERIOSCL,	JENEKITA	5 YRF
	FICANT CONDITIONS C					ı
	OPERATION 198 CON		CH OPERATION	20 A. AUTOPSY? (Yes or	No. 20B. IF YES. WERE	FINDINGS CONSIDERED
ATIE ()		RFORMED		No	IN CERTIFYING CA	USES OF DEATH?
OR CONTRIBU	TING CAUSE OF	21 B. PLA home, f	CE OF INJURY (e.g., oim, foctory, street,	in or about 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Battimor	e City, give exact location)
OF INJURY	(Month) (Doy) (Year)	(Hour) 21 E, IN	URY OCCURRED	21F. HOW DID II	NJURY OCCUR?	
(APPROX.)		While A	Not Wh			
22. I certify	that (I) (thickbesito			1955	_19ta6	-13-65 19
	last sow the decease		6-12-	1965 and		inian death accurred on the
and haur and	fram the causes sto	ited above. (I) (W	(a) (a) (dld not)	view the bady after death	1.	
23A. SIGNATU	RE	1)	2 >			23 B. DATE SIGNED
Mark .	yamin 8	7- Mor	7 M.D. AL	ys. Med. Director	Stoff Phys.	6-15-65
Dec				23D. ADDRESS		-
23C. PHYSICIA NAME (7)	rpe) /	TO 11 -			+ A -	P.
23C. PHYSICIA NAME (Y. BEN	JAMIN I	B. Mos	ES M.D		ERNE AVE	· BALTO, 24, M
BEN	MATION, 248. DATE	B. Mosa	M.D. CEMETERY OF C	H48 N. LUZ		BALTO, 24, M
BEN 24A. BURIAL CREA	MATION, 248. DATE (Specily) 6-16-	B. Moss 65 24C. NAME	PETERS	448 N. LUZ		MD.
BEN 24A. BURIAL CREA REMOVAL (S BURIA	MATION, 248. DATE (Specily) 6-16-	B. Mos	PETERS	H48 N. LUZ	BALTO	ity, town, or county) (State



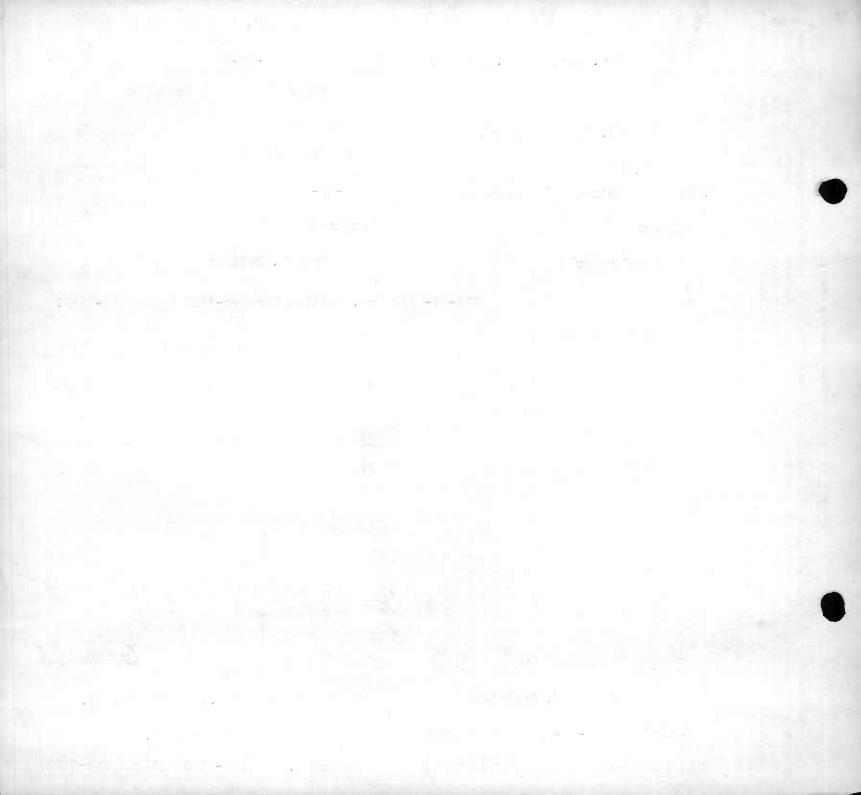


The state of the way

was D.O.A. deceased BALTIMORE CITY HEALTH DEPARTMENT 13,1965 1 4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmission)
A. STATE
B. COUNTY C. CITY OR TOWN (If outside city limits, write RURAL and give township) 4705 PARK HEIGHTS AVENUE If Under 1 Yr. Months: Days If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? M. S. A. ADDRESS INTERVAL BETWEEN ONSET AND DEATH Atheroscleratio Cardiovascular Disesse years. 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) JUNE 19 65 and that in(my) (our) apinion death accurred an the date 23 B. DATE SIGNED (City, tawn, or county) Pikesville, Balto. Co. Md. erkon demmen 4611 Park Heights Ave.



M.E. CASE NO.		6279	CERTIFICA	TE OF DEATH	Registered No.	65 6279
(Type or Print)	Rev. Clar		Shawker		6-12-65	institution; residence before admissio
FULL NAME	OF (If not in hospite	ol or institution,	give street	Maryland	Ba:	ltimore
HOSPITAL OR INSTITUTION	St. Agnes		1	Arbutus O. STREET AOORESS 1258 Maple	(If ruiol, give location)	RURAL and give township)
5. SEX	6. RACE		NEVER MARRIED D, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 H Months: Doys Hours Min.
Male	White	Marr	ied	2-17-88	77	
	f working life, even if retired		BUSINESS OR INDUSTRY	Maryland	foreign country)	12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NA	ME			14. MOTHER'S MAIDEN	NAME	
Georg	ge Shawker			Mary E.	Follmer	
5. Wes Oecease	d Ever in U. S. Armed F	erces?	16. SOCIAL SECURITY NO.	17. INFORMANT	MITS AT CLOSE	ADDRESS
No				Mrs. Lillian S	hawker-1258 N	Maple Ave-21227
18. Lafor for	2 X I		CAUSE C			INTERVAL BETWEEN
DISEA	SE OR CONDITION D	DIRECTLY		a + 10	1.11	ONSEI AND DEATH
	LEADING TO DEAT		(A)	Ocub Can	dea falle	e 10a
	not meon the mode , osthenio, etc. It meon		OUE TO		V	
	mplication which cous		Co	ida Vasculla	Round The	10 ans
	ANTECEDENT CAUS	ES	(B) UE TO	0000000000	review n zer	
DISEASES	OR CONDITIONS, if	ony, giving	DOE 10			
	he obove couse (A) sloting the	(C)			
UNDERCTIN	IG CONDITION lost.			79		
OTHER SIGN	II NIFICANT CONDITIONS DEATH BUT NOT RE R CONDITION CAUSING	LATED TO TH	G E			
	F OPERATION 198. CO		WHICH OPERATION	20A. AUTOPSY? (Yes o	No) 208. IF YES, WERE	FINOINGS CONSIDERED AUSES OF DEATH?
OR CONTRIE	ENT WAS UNDERLYING BUTING CAUSE OF (y medical exominer)	218. hometc.	e, form, foctory, street, o	n or about 21 C. WHERE OI ffice bldg., INJURY OCCU	D (If in Boltimo	re City, give exact location)
Ο 21 D. TIME	(Month) (Doy) (Yeo	r) (Hour) 21 E.	INJURY OCCURRED	21 F. HOW DID	INJURY OCCUR?	
OF INJURY		Wh Wo	ile At Not Whi			
22 1	1 . (1) (-1) 1	1		1-10-50)	-12 61
	y that (1) (this hospit		he deceased from		19to	219 5.4
that (I) (we) lost sow the deceo	sed olive on	Q ' ()	19 <i>G</i> on	d that in (my) (our) op	inion death occurred on the o
and hour or	nd from the couses st	oted obove. (I) (We) (did) (did not)	view the body ofter dec	oth.	
23A. SIGNAT	URE / / / /	4	4			23 B. DATE SIGNEO
10211	Wy Kaul	Laulan	M.D. Att	ending Med.	Stoff Phys.	6/14/65
239 PHYSIC	ANS			230. AOORESS		
NAME	Joseph G	. Laukai	tis M.O.	679 Washingt	on Blvd., Bal	timore Md
4A. BURIAL CR	EMATION, 248. DATE		AME of CEMETERY of CR			ity, town, or county) (State
REMOVAL Buria	(Specify)		udon Park			
	D BY HEALTH DEPT.		OF REGISTRAR	DEC ELIMIEDAL DIOCE	Baltimore,	
DAL DATE REC'	1005 A A	~ ~		25C. FUNERAL DIREC		AODRESS
JUN T @	1200 () CORI	7 E, Jan	Bey M. a.	Howard H. H	upbard-410/	Wilkens Ave-21229
S 150-REV. 1/1	/65			4.3		



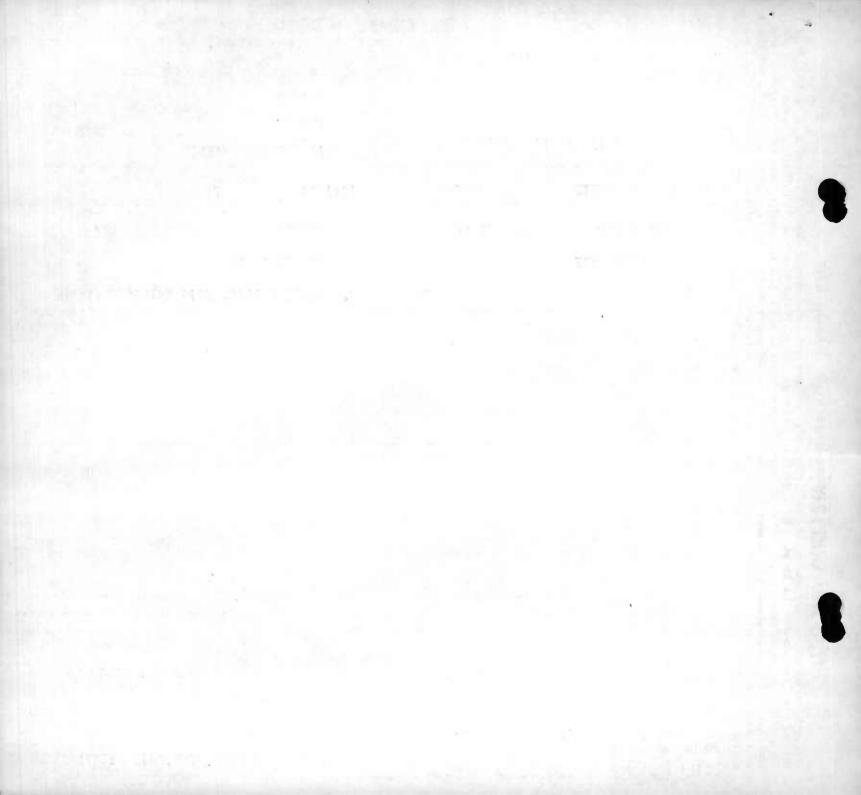
BALTIMORE CITY HEALTH DEPARTMENT

Registered No.

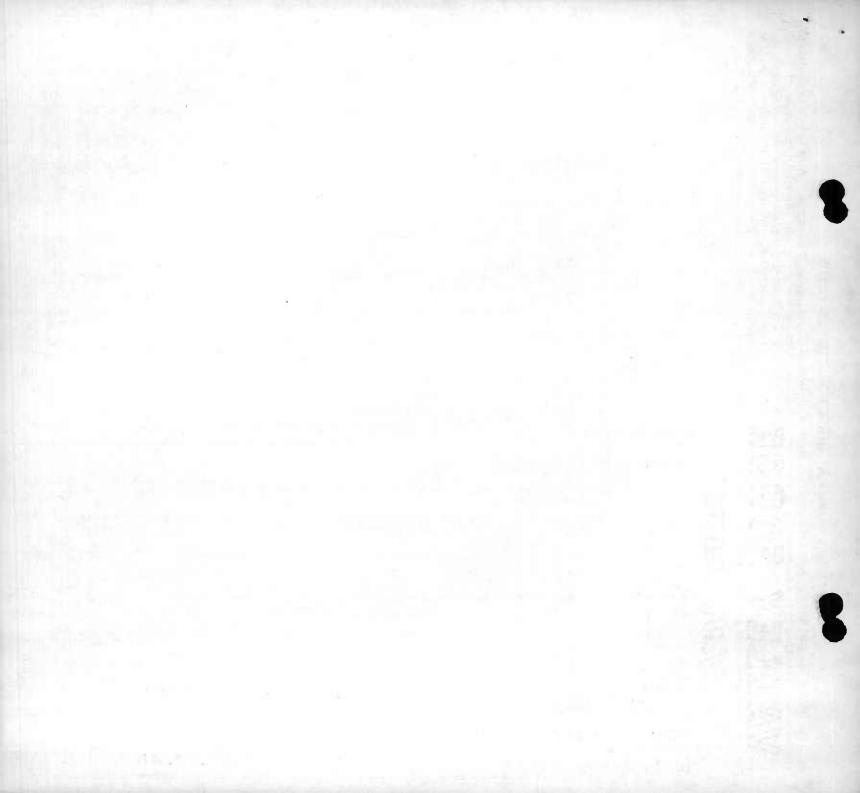
If Under 24 Hrs. Hours i Min. Hours

ADDRESS

IMPORTANT FUNERAL DIRECTOR: BIRTH NO.

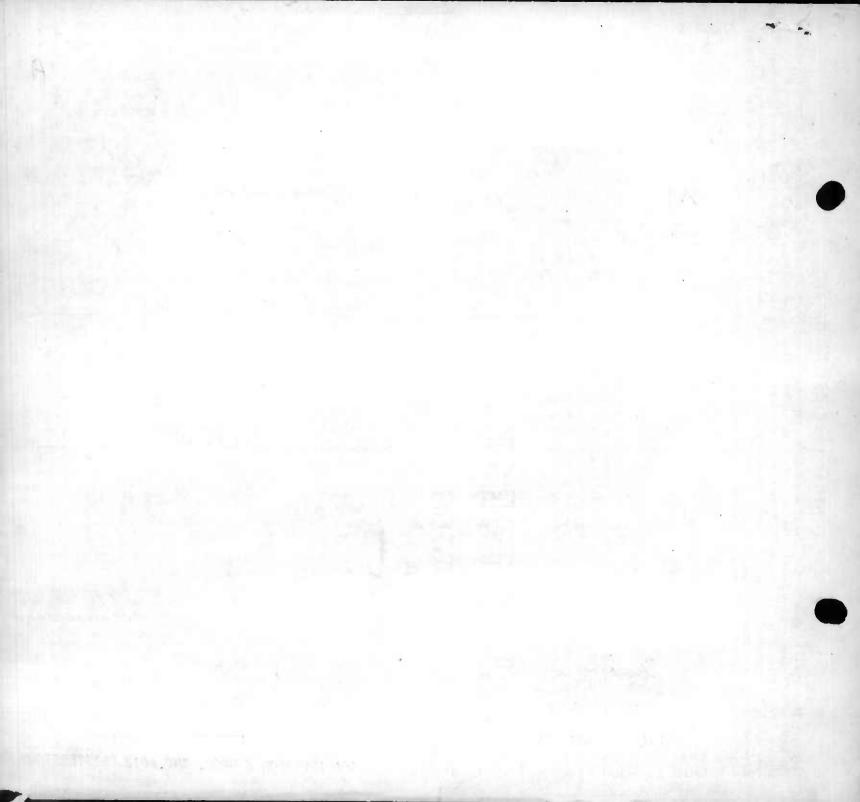


M.	CASE NO.	CATE OF DEATH Registered No.
(Ту	AME OF DECEASED OF PRINT! NOTICE KESSLET LACE OF DEATH IN BALTIMORE, MARYLAND	2. DATE AND HOUR OF DEATH 2. DATE AND HOUR OF DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before
	ULL NAME OF (If not in hospital or institution, give street oddress or location) 45TITUTION	C. CITY OR TOWN (If outside city limits, write RURAL and give township
Y	Union Memorial Ho-	D. STREET ADDRESS (If rurol, give location)
5.	6. RACE 7, MARRIED, NEVER MARRIED WIDOWED, DIVORCED (speci	8. DATE OF BIRTH 19. AGE (In years If Under 1 Yr If Under
don	USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR IND during most of working life, even if retired) Housevorfe ** AT Longe	RUSSLOW USA
	Harry Wesserman	Is the Triedberg
(Ye	Vos Deceosed Eyer in U. S. Armed Forces? In o or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO. 2/17-/2-5-20 TB. CAU	17. INFORMANT Husband - Martis Kessber Sollse OF DEATH INTERVAL BETY
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart loiture, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES (B)	Hodgkins Sarcom & MC
Z	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoling the UNDERLYING CONDITION tost. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING)
ERTIFICATION	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19.4. DATE OF OPERATION 19.8. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
CAL CERT	21 A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY home, form, foctory, street.	(lf in Boltimore City, give exact locotion eet, office bldg., INJURY OCCUR?
MEDIC	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURREI OF INJURY (APPROX.) While At No. Work At	t While Work
	that (1) (we) last saw the deceased alive an	1965 to 6// 1 1965 and that in (my) (our) apinian death occurred a
	and hour and from the courses stated above (1) (We) (-11-1) fattal.	week then the budy utilet deuth.
	and haur and fram the causes stated above. (1) (We) (dld) (tides 23A. SIGNATURE	Attending Med. Stoff Physics P
	23A. SIGNATURE	

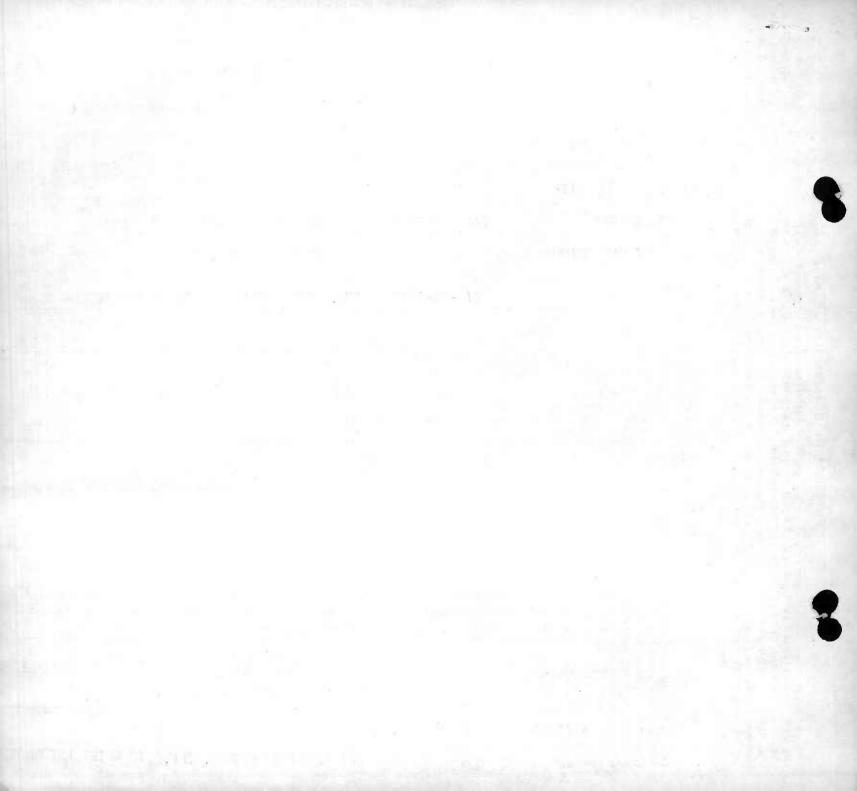


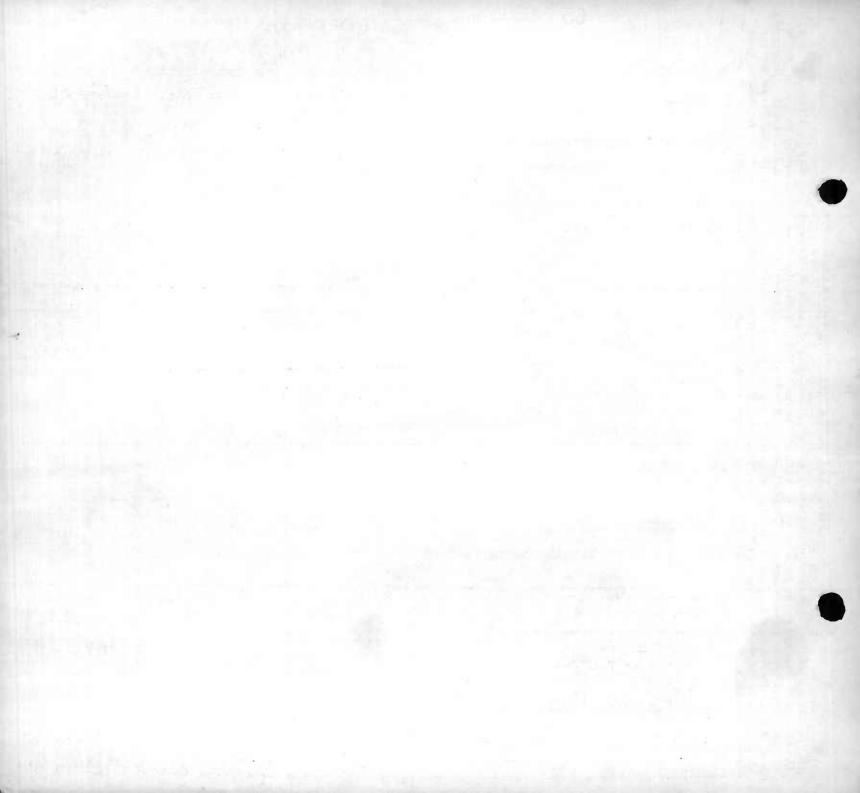
a hospital and

0000	BALTIMORE CITY	HEALIH DEFARIMENT	65 6283
IRTH NO. 65 6283	CERTIFICA	TE OF DEATH Registered No.	00 0000
A.E. CASE NO. NAME OF DECEASED		2. DATE AND HOUR OF DEATH	
Type or Print) A- Alhart L.	Hornstein	6/11/6	5 1 11:20 1
PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where deceased lived. If in	stitution: residence before odnis
		A. STATE B. COUNTY	7777
FULL NAME OF (If not in hospital or institu	ution, give street	C. CITY OR TOWN (If outside city limits, write	0 1 00
INSTITUTION		011	KUKAL and give township)
	- 1	D. STREET ADDRESS (If rurol, give location)	
Maria Wemi	at al	11 1210 10001/11-06	10 1
United in the inte	21144	10/1/	If Under 1 Yr. If Under 24 H
	RRIED, NEVER MARRIED OWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years	Months Doys Hours Min
Ale Chite	6000000	75	
OA, USUAL OCCUPATION (Give kind of work 10 B, Kth one during most of working life, even if retired)	ID OF BUSINESS OR INDUSTRY	11. BIRTHPLACE Store of foreign country!	12. CITIZEN OF WHAT COUNTRY?
Physician	MEDICAL	maryland	17.57
3. FATHER'S NAME	1.10010.10	14. MOTHER'S MAIDEN NAME	0 3//
11.	incole :	1011	
Mr. Louis Not	VI Stell	JIKNOWN	1000000
5. Was Deceased Ever in U. S. Armed Forces? 'es,no or unknawn) (If yes, give war ar dates of ser	vice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS Falls/
1/0	NO	doughter Mrs. Mitten Co	ovelish -
18. 1778	CAUSE O	F DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY			ONSET AND DEATH
LEADING TO DEATH	(A) Col	crebral Kematha	ie & hilo.
(This does not mean the mode of dying,			yd - 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
hearl failure, asthenio, etc. It means the dis injury or complication which caused death.)	edse,	1 2/ > 2 / 2 - "	
ANTECEDENT CAUSES	(B) Y	rombo Cyto Junia	
DISEASES OR CONDITIONS, if any,	DUE TO	(id) . N	
rise to the above couse (A) stating		efolytheses secondo	my 6 mos
UNDERLYING CONDITION last.		to Prostatic CA	
, II			
OTHER SIGNIFICANT CONDITIONS CONTRIB			
DISEASE OR CONDITION CAUSING IT.		20 A ALIERDRENO /V A M. II 008 LE NO.	CINDINGS CONSIDERS
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED		20 A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
W	23.0 81 4 65 65 15 15 15 15 15 15 15 15 15 15 15 15 15	A Sharifal C WHERE DID	- City due and to the
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o	ffice bldg., INJURY OCCUR?	e City, give exact location)
DEATH (notify medical examiner)	etc.)		
	21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
21D. TIME (Month) (Doy) (Year) (Hour)			
21D. TIME (Month) (Doy) (Year) (Hour) (APPROX.)	While At Not While	le 🗍	
(APPROX.)	While At Not While Work At Work		
\$	While At Not While Work At Work	6/10 19 65 10	6/11 19 6
(APPROX.)	While At Not While At Work At Work		
(APPROX.) 22. 1 certify that (I) (this hospital) attention	While At Not While At Work At Work At Work	19 65 ond that In(my) (our) opi	
(APPROX.) 22. 1 certify that (I) (this hospital) attenthat (I) (we) lost sow the deceased alive	While At Not While At Work At Work At Work	19 65 ond that In(my) (our) opi	
(APPROX.) 22. I certify that (I) (this hospital) attenthat (I) (we) lost sow the deceased alive and hour and from the causes stated about 23A. SIGNATURE	While At Not While At Work At Work ded the deceosed from	19 5 to	inion death occurred on the
(APPROX.) 22. I certify that (I) (this hospital) attenthat (I) (we) lost sow the deceased alive and hour and from the causes stated about	While At Not While At Work At	ond that In(my) (our) opinions the body ofter death. Med. Stoff Phys. Phys. Stoff Phys. Stoff Phys. Stoff Phys. Stoff Phys. Stoff Phys. Phys. Stoff Phys. Phys. Stoff Phys. P	inion death occurred on the
(APPROX.) 22. I certify that (I) (this hospital) attenthat (I) (we) lost sow the deceased alive and hour and from the causes stated about 23A. SIGNATURE 23C.PHYSICIAMS NAME (Type)	while At Not While At Work At	ond that In(my) (our) opining the body ofter death. Med. Stoff Phys. 23D. ADDRESS	inion death occurred on the
(APPROX.) 22. I certify that (I) (this hospital) attenthat (I) (we) lost sow the deceased alive and hour and from the causes stated about 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) Miriam Cohen	While At Not While At Work At	ond that In(my) (our) opinion the body ofter death. And Stoff Phys. 23D. ADDRESS WNION MEMORIAL	23B. DATE SIGNED
(APPROX.) 22. I certify that (I) (this hospital) attenthat (I) (we) lost sow the deceased alive and hour and from the couses stated about 23A. SIGNATURE 23C.PHYSICIAN'S NAME (Type) Miriam Cohen 4A. BURIAL CREMATION, 124B. DATE	while At Not While At Work At	In the body ofter death. Med. Stoff Phys. 230. ADDRESS Which MEMORIAL	23B, DATE SIGNED
(APPROX.) 22. I certify that (I) (this hospital) attenthat (I) (we) lost sow the deceased alive and hour and from the couses stated about 23A. SIGNATURE 23C.PHYSICIAM'S NAME (Type) Miriam Cohen 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	while At Not While At Work At	ending Med. Stoff Phys. 23D. ADDRESS WNON MEMORIAL EMATORY 24D. LOCATION (C. BALTIMORE)	inion death occurred on the
OF INJURY (APPROX.) 22. 1 certify that (I) (this hospital) attention that (I) (we) lost sow the deceased alive and hour and from the couses stated about 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) Miriam Cohen 24A. BURIAL CREMATION, REMOVAL (Specify) BURIAL 6/13/65	While At Not While At Work At	ending Med. Stoff Phys. 23D. ADDRESS WNON MEMORIAL EMATORY 24D. LOCATION (C. BALTIMORE)	inion death occurred on the original part of the or
(APPROX.) 22. I certify that (I) (this hospital) attenthat (I) (we) lost sow the deceased alive and hour and from the couses stated about 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) Miriam Cohen 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) BURIAL 6/13/65 25A. DATE REC'D BY HEALTH DEPT. 25B. NA	while At Not While At Work At	ond that In(my) (our) opinion the body ofter death. ending Med. Director Phys. 123D. ADDRESS WHOW MEMORIAL EMATORY 24D. LOCATION (C	inion death occurred on the original part of the or



BALTIMORE CITY HEALTH DEPARTMENT





H-543

BIRTH NO. MEDICAL EXAMINER'S C	ERTIFICATE OF DEATH Registered No.65 6286
M.E. CASE NO.	EKTITICATE OF DEATH ASSAULT
1. NAME OF DECEASED	2. DATE AND HOUR PRONOUNCED DEAD
(Type or Print) Willard Hamlett	June 13, 1965 4:50 A.M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
	Baltimore
Johns Hopkins Hospital	D. STREET ADDRESS (If rural, give locotion) 814 N. Central Avenue
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Male NegRo MARRIED SEP.	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr, If Under 24 Hrs. Months Doys Hours Min. 444
10A. USUAL OCCUPATION (Give kind of work 108. KIND OF BUSINESS OR INDUSTRY	III. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
done during most of working life, even if retired) MAIL CARREE	BAITO, MD WHAT COUNTRY?
Edward HAMLETT	PARTIE SIMPSON
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown),(If yes, give wor or dotes of service) SECURITY NO.	17. INFORMANT ADDRESS
YES WWIT	EdNA FOSTER 934 N. CENTRAL
	OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
LEADING TO DEATH (This does not mean the mode of dying, e.g., DUE TO	eriosclerotic cardiovascular
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	disease
ANTECENDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE	
UNDERLYING CONDITION LAST.	
0	
DISEASE OF CONDITION CALISING IT	e hemochromatosis
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
UNDERLYING OR CONTRIB-	in or obout 21C, WHERE DID (If in Boltimore City, give exact location) office bldg., NJURY OCCUR?
21D TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY	21F. HOW DID INJURY OCCUR?
m. WORK LATW	WHILE ORK
22. I certify that I held an Inquiry Inspection Au	topsy and that an this basis, death in my apinion
resulted fram: Natural couses X Accident Sulcid	Hamleide Undetermined monner
$\Omega_{I} - \Lambda_{2}$	CHIEF MEDICAL EXAMINER
SIGNATURE Then E. Adlem M.D	ASSISTANT MEDICAL EXAMINER IN June 13, 1965
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER
NAME (Type) John E. Adams, M.	D •
23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY CREMOVAL (Specify) BURIAL CREMATION, 23B. DATE BURIAL CREMATION, 23B. DATE BURIAL CREMATION, 23B. DATE BURIAL CREMATION, 23B. DATE BURIAL CREMATION, 23B. DATE	Mant. Cen. 23D. LOCATION (City, town, or county) (State)
24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR	24C. FUNERAL DIRECTOR ADDRESS

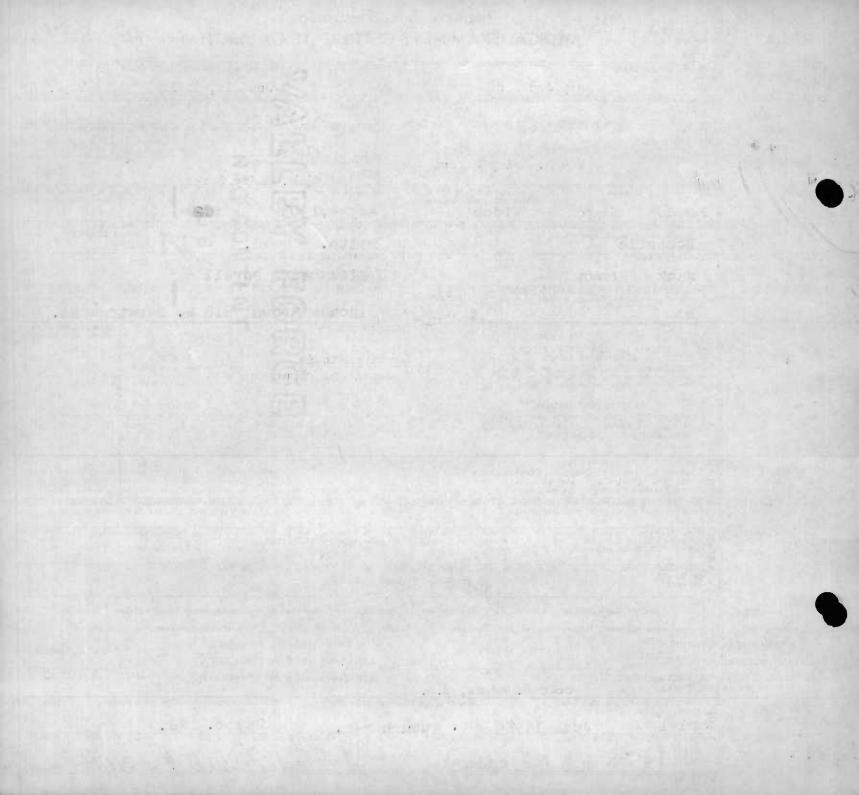
JUN 1 6 1965 Robert E. Farbyne

Joseph M. Locks fr. 1364 M. Central ares

The Table 1 House at the 15th of

1	-	and the same	λ
7-	4.	1	0

BIRTH NO.	MED	ICAL EX	CAMINER'S C	ERTIFICA	TE OF D	EATH Registe	red No.	
M.E. CASE NO.					None and			
1. NAME OF DE	CEASED			The latest	2. DATE AND	HOUR PRONOUNCE	D DEAD	
	Mary J	ackson			Jun	e 12, 1965	1 1	10 A. M.
3. PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONOL	JNCED DEAD	A. STATE	DENCE (Where d	eceosed lived. If insti B. COU	itution: residence be	
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITU	JTION, GIVE STREET	C. CITY OR TO	ryland OWN (If outside	carparote limits, write	RURAL ond give t	ownship)
INSTITUTION				Ba	ltimore	1 8		
	204 N	. Amity	Street	D. STREET ADI	DRESS (If rurol,			
5. SEX	6. RACE	7 AA APPLED	NEVER MARRIED	8. DATE OF BIR		ty Street	If Under 1 Yr. If	11-4 24 11
		WIDOWED,	DIVORCED (specify)			9. AGE (In years lost birthday)	Manths Days	
Female	Negro	Wido		May 4,1		62		
dane during most of	working life, even if retired)	KIND OF	BUSINESS OR INDUSTR				12. CITIZEN OF WHAT COUN	ITRY?
Domes	tic			Balto.	Md.			
13. FATHER'S NAM	ΛE				MAIDEN NAME			
Mack	Brown			Elizab		rell	To the same of the	
15. WAS DECEASE (Yes, no or unknown	D EVER IN U.S. ARMED	FORCES?	16. SO CIAL SECURITY NO.	17. INFORMANT			ADDRESS	
no			2/3-20-2428	Thomas	Brown	618 W. S	Baratoga	St.
18.	+ X		CAUSE	OF DEATH			INTERV	AL BETWEEN
DISEA	SE OR CONDITION DI	DECTIV					ONSET	AND DEATH
DISEA	LEADING TO DEATH		Caro	cinomatos	is			
(This does	nat mean the made of	dying, e.g.,		arcinoma				
injury or co	mplication which caused	death.)			or accrai			
	ANTECENDENT CAUSI	= <						
	OR CONDITIONS, IF		(B)	***************************************				***************************************
RISE TO TH	HE ABOVE CAUSE (A) S	TATING THE	501 10				100	
	NO CONDITION LAST.		(C)					
<u> </u>	11							
S TO THE	NIFICANT CONDITIONS DEATH BUT NOT RE	LATED TO T	NG HE					
19A, DATE OF	R CONDITION CAUSING		WHICH OPERATION	20A ALLTOPS	V2 (Yes or No) IS	08. IF YES, WERE FIL	NDINGS CONSIDER	een.
	WAS PER		WHICH OFERATION	ne	f	N CERTIFYING CAUS		ED
UNDERLYING	CAUSE WAS OR CONTRIB- USE OF DEATH.	21 B. home etc.)	PLACE OF INJURY (e.g., , form, factory, street,	in ar obaut 21C. office bldg., INJUI	WHERE DID ()	f in 8altimore City, gi	ve exoct location)	
21D TIME OF INJURY	(Month) (Day) (Yeo		1E. INJURY OCCURRED		IDENI DE MOL	RY OCCUR?		
(APPROX.)		m. V	VHILE AT NOT	WHILE				
22.	tify that I held an I	nquiry 🗌	Inspection X Au	tapsy 🗌 a	nd that an this	basis, death in m	y opinian	
resu	Ited fram: Natural ca	uses X A	Accident Suicld	le 🗌 Hamid	ide 🗌 U	ndetermined manne	er 🗌	
	1		1	CHIEF	MEDICAL EXA	MINER	2171	
ACTUA		5 41	Summon M.D.	ASSISTANT	MEDICAL EX	MINER X	DAIL	E SIGNED
SIGNAT		17	M. D	•	MEDICAL EX		June 12,	1965
NAME (Type) John		ms, M.D.					
23A. BURIAL CRE REMOVAL (Specif		23	C. NAME of CEMETERY	OF CREMATORY	23D. LO	CATION (City,	town, or county)	(Stote)
Burial	June	16/65	Mt. Auburn	Cem.	Ba	lto. Md.		
	BY HEALTH DEPT.	248. NAME	OF REGISTRAR		RAL DIRECTOR	/	ADDRESS	
JUN 16	1965 Report	8. Fa	Dec 19.1	9/18	Touts 7	uneral Ho	nce 319118	chlocali
VS 151-REV. 1/1/				10 10 10 10	1 /6	The same of the sa	- J. J. FA	



24C. FUNERAL DIRECTOR

248, NAME OF REGISTRAR

VS 151-REV, 1/1/65

E Jarber M.

ADDRESS

1800 E.

The Dippel Brothers Inc. Lombard St.

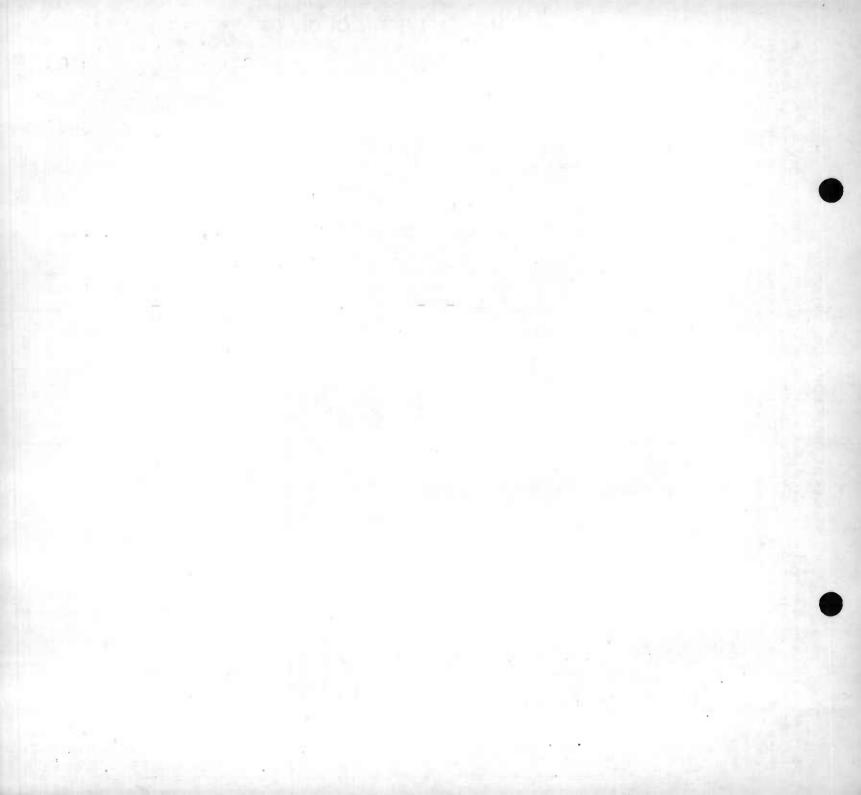
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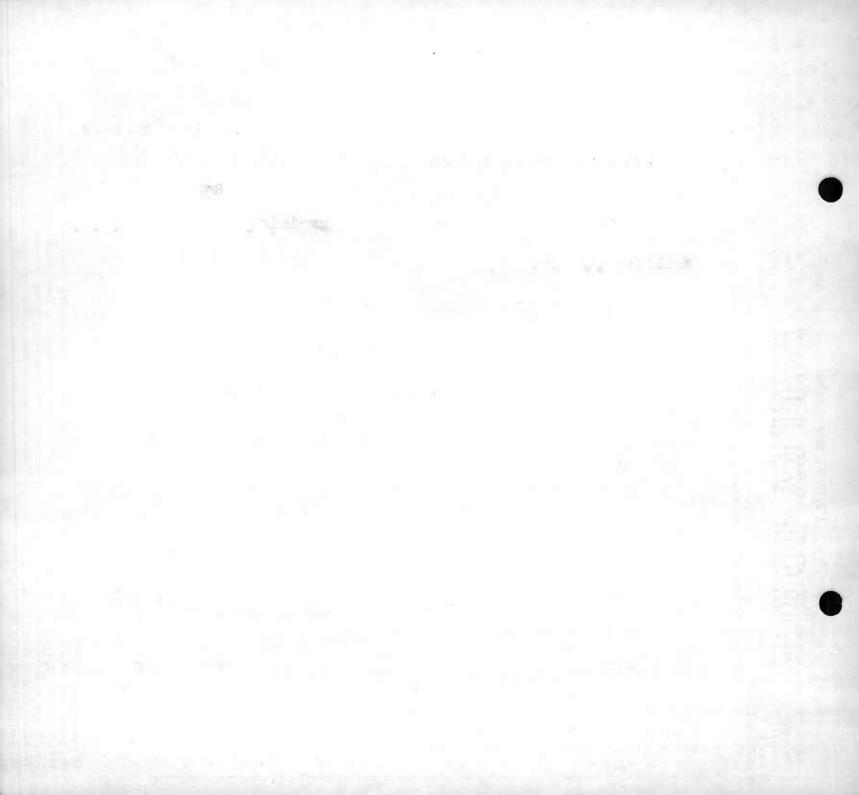
with the last the state of the

Herbert

North 3035 N. North



BIRTI	CO .	MEDI	CAL EXAMINER'S CI	ERTIFICATE OF DEATH Registe	65 629U
1000	CASE NO.				
1. N	AME OF DEC	CEASED		2. DATE AND HOUR PRONOUNC	ED DEAD
			N BURRELL	June 10, 1965	1:45 p M
3. Pl	ACE IN BALT	IMORE MARYLAND, W	HERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If inst A. STATE B. COU	itution: residence before odmission JNTY
FULI	NAME OF		AL OR INSTITUTION, GIVE STREET	Maryland C. CITY OR TOWN (If outside corporate limits, write	RURAL and give township)
INST	PITAL OR	ADDRESS OR LOCA	(MON)		2-12
				Baltimore D. STREET ADDRESS (If rurol, give location)	200
		University Ue	cnital		
5. SE		<u>University Ho</u>	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In yeors lost birthdoy)	II Under 1 Yr, If Under 24 Hrs
	1	1	WIDO WED, DIVORCED (specify)	April 10,1902 63	Months Doys Hours Min.
	male	Colored UPATION (Give kind of work	Married 108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign country)	12. CITIZEN OF
done	during most of	working life, even il retired) r Operator	Apartment Bldg.	Baltimore Maryland	WHAT COUNTRY?
	ATHER'S NAM		Apar omero Drag.	14. MOTHER'S MAIDEN NAME	0.5.1.
	Toseph	David Bur	rell	Edmonia Curry	
15. V	AS DECEASE	D EVER IN U.S. ARMED	FORCES? 16. SO CIAL	17. INFORMANT	ADDRESS
Yes,	no or unknown	(II yes, give wor or dote	s of service) SECURITY NO.	Ethel Burrell-2512 Ma	dison Ave
13	n .			OF DEATH	INTERVAL BETWEEN
	10	9 / 1		OF BEATH	ONSET AND DEATH
	DISEA	SE OR CONDITION DI	RECTLY Carci	noma of the esophagus	
	(This does	not meon the mode of , osthenio, etc. It meons mplication which coused		ionia of the ebophagab	
	injury or co	mplication which coused	deoth.)		
	-	ANTECENDENT CAUSE	s		A STATE OF THE STA
	DISEASES	OR CONDITIONS, IF A	NY, GIVING (B)		
		E ABOVE CAUSE (A) ST	TATING THE		
Z.			(C)	· · · · · · · · · · · · · · · · · · ·	
CATION	OTHER SIG		CONTRIBUTING		
5	TO THE	DEATH BUT NOT REI	ATED TO THE		
ERTIFI		R CONDITION CAUSING	DITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FII	NDINGS CONSIDERED
G	()	WAS PER		IN CERTIFYING CAUS	
¥	21 A. EXTERNA	L CAUSE WAS	218, PLACE OF INJURY (e.g.,	n or obout 21C. WHERE DID (If in Boltimore City, gi	ve exoct location)
O	UNDERLYING	OR CONTRIB-	home, form, foctory, street, o	n or obout 21C, WHERE DID (If in Boltimore City, gi ffice bldg., INJURY OCCUR?	
T	21D TIME		A CHANNEL OF THE PROPERTY OF T	21F, HOW DID INJURY OCCUR?	
(OF INJURY (APPROX.)	(Month) (Doy) (Yeor			
			m. WHILE AT NOT NOT W	ORK	
	22.	tify that I held on I	nquiry Inspection X Aut	opsy ond that on this basis, death in a	ny opinion
	resul	ted from: Noturo co	Suicident Suicide	Homicide Undetermined manne	er _
		111		CHIEF MEDICAL EXAMINER	
	ACTUA		1A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ASSISTANT MEDICAL EXAMINER	DATE SIGNED
	SIGNAT	11 / 1 1/	M.D.	ASSOCIATE MEDICAL EXAMINER	6-10-65
	NAME (Type) Rudiger B	reitenecker	AUTOGOTE MEDICAL EXAMINER	
	BURIAL CRE	MATION, 238. DATE	23C. NAME of CEMETERY .	CREMATORY 23D. LOCATION (City,	town, or county) (Stote)
	OVAL (Specification)	6/77	165 214 1 22 22 22	Como torre	10- 7
		BY HEALTH DEPT.	24B, NAME OF REGISTRAR	24C. FUNERAL DIRECTOR	ADDRESS
	IUM 1 c	1965 Robert		Butter Funeral Lome.	TORE W Manager
	ION T 6		C, toway, "	Tome.	-JUJO W. L. TU
VS	151-REV. 1/1/	65	the state of the s	1 1 1	



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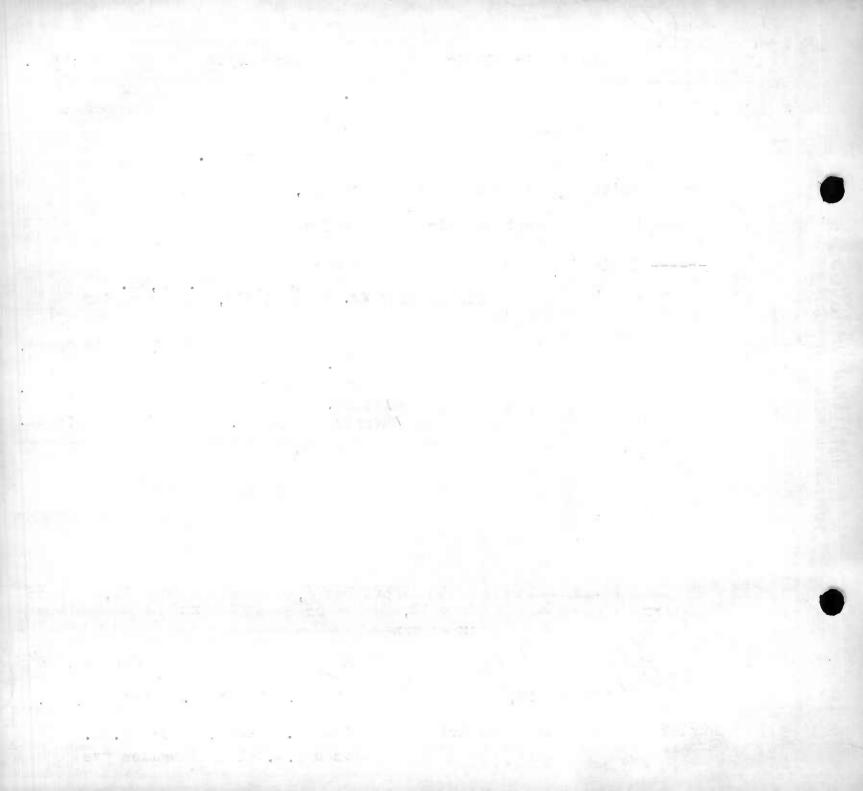
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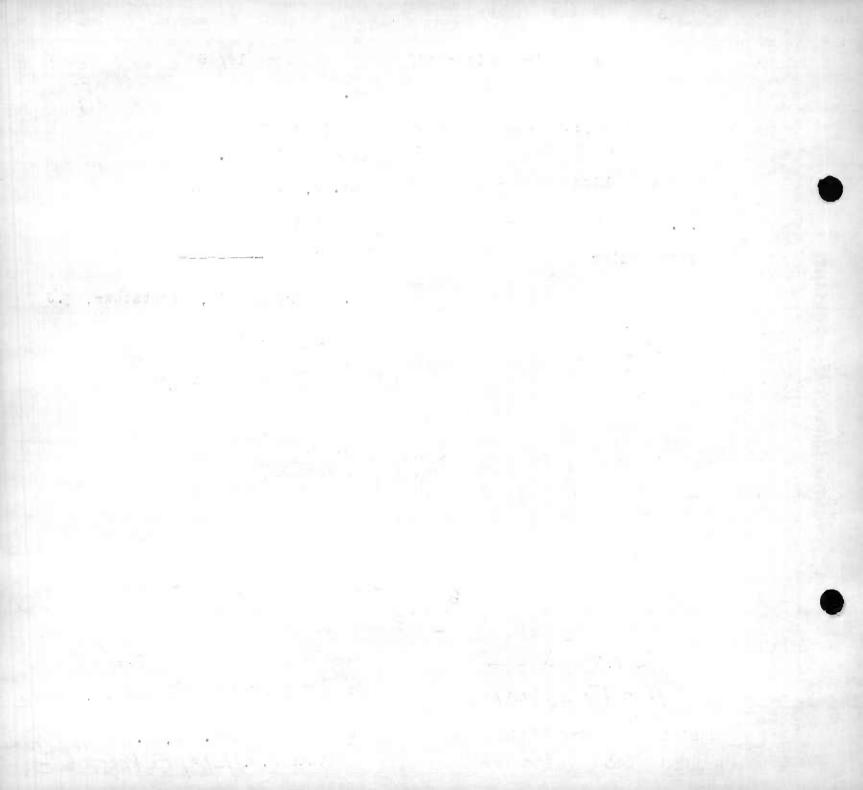
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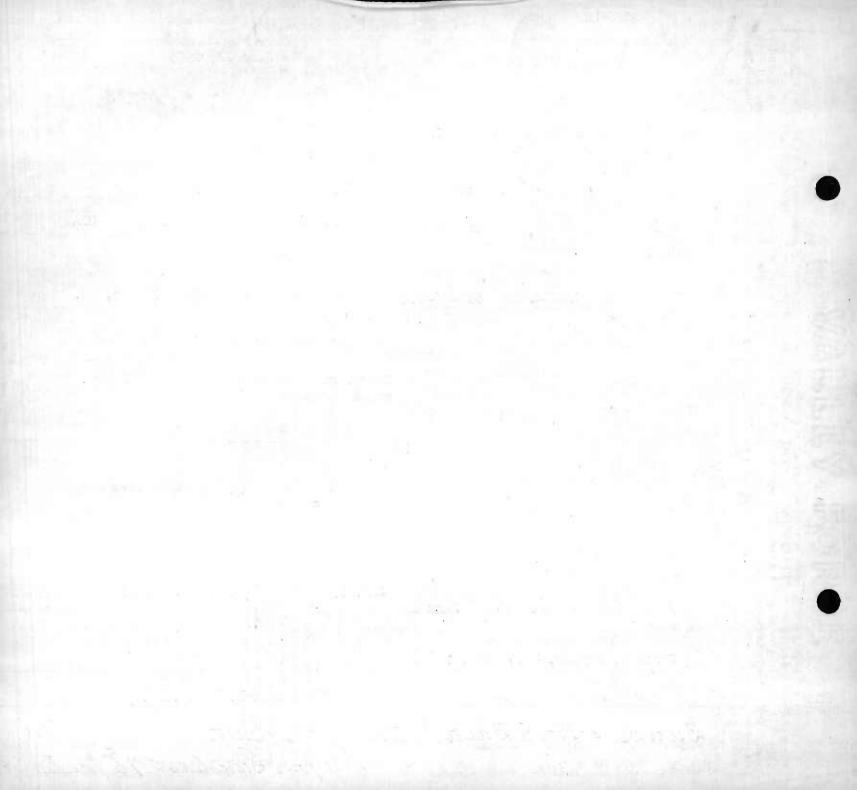
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	OVec	e ho	nal	cepi) Pu	-
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	be d	10	t of	ital	ath)	44
	ust	edse	den	posp	de	-
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	the body was released to the hospital by a medical examiner. Also, it the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	Written assessment has a handled the same and and halfour the months and and handled his acceptant is more de-
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	ertif	Apo	3	0.0	sed	200
	is c	e DC	OWS	als D	000	
	£:	1	sh	3	de	7

(Type or Print)	ECEASED	X CERTIFICA		HOUR OF DEATH	
PLACE OF D	A Australia	Mark Henry S.Pin	son June 1	5,65	7:55 A
LACE OF E	SEATH IN BALTIMORE, MA	ARYLAND	4. USUAL RESIDENCE (Where A. STATE B. COUNT	deceased lived. If	institution: residence before admissi
FULL NAME	OF (If not in hospital	l or institution, give street	Maryland		48-24
HOSPITAL O				de city limits, write	RURAL and give township)
7	Saint Agnes	Hospital	Baltimore		
Cot	on & Wilkens	A #21220		rol, give location)	
			1142 Cooks La	-	
. SEX	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Married	1/19/05	AGE (In years st birthday)	If Under 1 Yr. If Under 24 Months Doys Hours Mir
	CUPATION (Give kind of word of working life, even if retired)	1 10 B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	country)	12. CITIZEN OF WHAT COUNTRY?
Line		Penna Railroad	Kentucky		USA
3. FATHER'S N		- Cilila Nalli Gau	14. MOTHERS MAIDEN NAM	E	0.042
Pins		Para Lavar	Unknown		79-
	ed Ever in U. S. Armed For wn) (If yes, give wor or do	tes of service) CURITY NO.	Mrs. Violet P1	nson 114	Balto. 29, Md.
1B. d.L.	2 2 7 1		F DEATH	Heon' II.	INTERVAL BETWEEN
100	0, /				ONSET AND DEATH
DIZE	ASE OR CONDITION D	IRECTLY PROPERTY.	wite mass	1,00	
(7):- 1		(A)	cute mass		1 - 2 - 5
	not mean the mode o	s the sease	1	200	
	omplication which cause	s the discussion of depth of the depth of th	vacalda	0 myse	le
	ANTECEDENT CAUSE		1 -		
1 5			cesso -		
	OR CONDITIONS, if				
	the above cause (A) NG CONDITION last.				
UNDERLII	NG CONDITION 10St.	3 3 8			
	11	F 0 = 0			
	NIFICANT CONDITIONS				
I IO THE	DEATH BUT NOT REL				
S DISTURBE C	OF OPERATION 198, COI	NDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE	FINDINGS CONSIDERED
19A. DATE		REFORMED		IN CERIFFING C.	AUSES OF DEATH?
19A. DATE	WAS PE				
19A. DATE	DENT WAS UNDERLYING		in or obout 21 C. WHERE DID	(If in Boltimo	re City, give exact location)
19A-DATE 21A. ACCIE OR CONTR	DENT WAS UNDERLYING [IBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., i home, form, factory, street, o etc.)	in or about 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimo	re City, give exact location)
19A.DATE 21A.ACCIE OR CONTR DEATH (no	DENT WAS UNDERLYING IBUTING CAUSE OF	home, form, foctory, street, o	ffice bldg., INJURY OCCUR?		re City, give exoct locotion)
19A. DATE 21A. ACCIE OR CONTR DEATH (no	DENT WAS UNDERLYING [IBUTING CAUSE OF	home, form, foctory, street, o etc.) (Hour) 21 E. INJURY OCCURRED	21F. HOW DID INJU		re City, give exact location)
21A. ACCIE OR CONTR DEATH (no	DENT WAS UNDERLYING IBUTING CAUSE OF	home, form, foctory, street, o	21F. HOW DID INJU		re City, give exact location)
19A.DATE 21A. ACCIL OR CONTR DEATH (no 21D. TIME OF INJURY (APPROX.)	DENT WAS UNDERLYING BUTING CAUSE OF tify medical examiner) (Month) (Doy) (Year)	home, form, foctory, street of etc.) (Hour) 21 E. INJURY OCCURED While A1 Not White A1	21F. HOW DID INJU		re City, give exact location)
19A. DATE 21A. ACCIL OR CONTR DEATH (no 21D. TIME OF INJURY (APPROX.) 22. I certi	DENT WAS UNDERLYING IBUTING CAUSE OF tify medical examiner) (Month) (Day) (Year)	home, form, foctory, street of etc.) (Hour) 21E. INJURY OCCURRED While AI Not White work Not work DI) attended the deceased from	21F. HOW DID INJU	RY OCCUR?	5 6-15 1963
19A. DATE 21A. ACCIL OR CONTR DEATH (no 21D. TIME OF INJURY (APPROX.) 22. I certi	DENT WAS UNDERLYING IBUTING CAUSE OF tify medical examiner) (Month) (Day) (Year)	home, form, foctory, street of etc.) (Hour) 21 E. INJURY OCCURED While A1 Not White A1	21F. HOW DID INJU	RY OCCUR?	5 6-15 1963
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19A. DATE 21A. ACCIL OR CONTR DEATH (no DEATH	DENT WAS UNDERLYING CAUSE OF lifty medical examiner) (Month) (Day) (Year lifty that (I) (this hospital lifty that (I) (this hospital lifty that from the causes stand from the causes stand from the causes stand lifty that (I)	home, form, foctory, street of etc.) (Hour) 21 E. INJURY OCCURRED While A1 Not White A1 Not White A1 Not work all) attended the deceased from ted alive an acted alive an acted are over (I) (We) (did) (did nat)	21F. HOW DID INJU le	to Ta	19 62 inion death accurred on the
21A. ACCID OR CONTR DEATH (no DEATH	DENT WAS UNDERLYING DENT WAS UNDERLYING CAUSE OF Hify medical examiner) (Month) (Doy) (Year of the course of the last saw the decease and from the causes stated of the last saw the decease of the last saw the last saw the last saw the decease of the last saw the decease of the last saw the last saw the last saw the decease of the last saw the last	home, form, foctory, street of etc.) (Hour) 21 E. INJURY OCCURRED While AI Not White At Not W	21F. HOW DID INJU le	to Ta	Inion death accurred on the
21A. ACCID OR CONTR DEATH (no DEATH	DENT WAS UNDERLYING DENT WAS UNDERLYING CAUSE OF Hify medical examiner) (Month) (Doy) (Year of the course of the last saw the decease and from the causes stated of the last saw the decease of the last saw the last saw the last saw the decease of the last saw the decease of the last saw the last saw the last saw the decease of the last saw the last	home, form, foctory, street of etc.) (Hour) 21 E. INJURY OCCURRED While AI Not White At Not W	21F. HOW DID INJU 19 19 19 ond that view the bady after death. ending Med. Spirector P	to Ta	Inion death accurred on the
21A. ACCID OR CONTR DEATH (no DEATH	DENT WAS UNDERLYING CAUSE OF lifty medical examiner) (Month) (Day) (Year lifty that (I) (this hospitate) last saw the decease and from the causes stated from the causes stated last saw the decease and from the causes stated last saw the decease stated last saw the decease saw the de	home, form, foctory, street, o etc.) 21 E. INJURY OCCURRED While A1 Not White A1 Not White A1 Not with A1 Not wi	21F. HOW DID INJU le	in (my) (our) op	inion death accurred on the
19A. DATE 21A. ACCIL OR CONTR DEATH (no 21D. TIME OF INJURY (APPROX.) 22. I certi that (i) (w and hour 23A. SIGN A 23C. PHYSIC NAME	DENT WAS UNDERLYING CAUSE OF lifty medical examiner) (Month) (Day) (Year lifty that (I) (this hospitate) last saw the decease and from the causes stated from the causes stated last saw the decease and from the causes stated last saw the decease stated last saw the decease saw the de	home, form, foctory, street, of etc.) (Hour) 21E. INJURY OCCURRED While AI Not White At Work all) attended the deceased from the ed alive an acted above. (I) (We) (did) (did not) M.D. Att Phy M.D. 24C, NAME of CEMETERY or CR	21F. HOW DID INJU 19	in (my) (our) op	23B, DATE SIGNED 23B, DATE SIGNED 6 5 6 5 A U.E. City, town, or county) (State
19A. DATE 21A. ACCIL OR CONTR DEATH (no DEATH	DENT WAS UNDERLYING CAUSE OF lifty medical examiner) (Month) (Day) (Year lifty that (I) (this hospitate) last saw the decease and from the causes stated from the causes stated last saw that (Type) REMATION, 24B. DATE 5/18/	home, form, foctory, street of etc.) (Hour) 21E. INJURY OCCURED While AI No! White of the deceased from the deceased	21F. HOW DID INJU 19 19 ond that view the bady after death. Page 123D. ADDRESS Caton 4 W EMATORY 24D. LO	in (my) (our) op	23B. DATE SIGNED 23B. DATE SIGNED 6 5 6 5 A U.E. City, town, or county) (Stotel)
19A. DATE 21A. ACCIL OR CONTR DEATH (no DEATH	DENT WAS UNDERLYING CAUSE OF lifty medical examiner) (Month) (Day) (Year lifty that (I) (this hospitate) last saw the decease and from the causes stated from the causes stated last saw the decease and from the causes stated last saw the decease stated last saw the decease saw the de	home, form, foctory, street, of etc.) (Hour) 21E. INJURY OCCURRED While AI Not White At Work all) attended the deceased from the ed alive an acted above. (I) (We) (did) (did not) M.D. Att Phy M.D. 24C, NAME of CEMETERY or CR	21F. HOW DID INJU 19	in (my) (our) op	inion death accurred on the

1. NAME OF (Type or Print)	NO.	CERTIFICA			
	DECEASED	Bain Riggin	June	L3/65	10:45 A.A
3. PLACE OF	DEATH IN BALTIMORE, M.			deceased lived. If institut	ion: residence before odmission
HOSPITAL	OR oddress or location		Baltimore	urol, give location)	L ond give township)
			4602 Coleherr	ne Rd.	
s. sex	6. RACE White	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)		st birthdoy) 89	Under 1 Yr. If Under 24 Hr.
	ost of working lile, even if retired)	Boat Captain	Maryland	in country) 12	CITIZEN OF WHAT COUNTRY?
	NAME -Riggin sessed Ever in U. S. Armed Fo	2 11/ 50014	14. MOTHER'S MAIDEN NAM Unknown		
Yes, no or unk	(nown) (If yes, give wor or do	es of service) 16. SOCIAL SECURITY NO. 219 28 6407	Wm. Edgar Rigg	Balto. 29,1 gin,710 Wins	Md. ADDRESS
1B. 5	61,01		F DEATH		INTERVAL BETWEEN ONSET AND DEATH
(This do	ISEASE OR CONDITION D LEADING TO DEATH Des nat mean the made a ilure, asthenia, etc. It mean	f dying, e.g., DUE TO he steed disease,	rangulated lef ernia.	't inguinal	12 hours.
	ANTECEDENT CAUSE	S (B) Ar	teriosclerotic	heart	8 years
tise la	ES OR CONDITIONS, if the abave cause (A) LYING CONDITION last,	// 33	ronic Emphysen	18.	8 years
E TO TH	SIGNIFICANT CONDITIONS LE DEATH BUT NOT RELE OR CONDITION CAUSING	ATED TO THE			
	TE OF OPERATION 198. CO	NDITION FOR WHICH OPERATION REORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FIND IN CERTIFYING CAUSES	INGS CONSIDERED OF DEATH?
_, OR CON	CIDENT WAS UNDERLYING TRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	n or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimore City	, give exact location)
_	- 111 11 15 1		015 110111 515 11111	INV OCCILES	
21D. TIM OF INJU (APPROX	RY	(Hour) 21E. INJURY OCCURRED While At Not White At Work		JRY OCCOR:	
21D. TIM OF INJU (APPROX	RY .) rtify that (1) (this boopit e	While At Not White Mat Work The ottended the deceased from No.	vember 6,	57 10 June	13, 19 65
21D. TIMOF INJU (APPROX 22, I ce that (I)	RY rtify that (1) (this hospital (XA) lost saw the decess or and from the causes sta	While At Not Whi Work At Work	vember 6, 1	9 57 to June	
21D. TIM OF INJU (APPROX 22. I ce that (I) and hou 23A. SIGI	rtify that (1) (this hospital (XXI last saw the decease or and from the causes sta	while At Not White At Work At	vember 6, 10 10 10 10 10 10 10 10 10 10 10 10 10	9 57 to June	death occurred on the da
21D. TIM OF INJU (APPROX 22. I ce that (I) and hou 23A. SIGI	rtify that (1) (this hospital (XXI last saw the decease or and from the couses strength Alfred SICIAN'S ME (Type) Alfred C	while At Not White At Work with ottended the deceased from No. In the	vember 6, 19 65 ond the view the bady ofter deoth. ending Med. Director 123D. ADDRESS 136 S. Hill	9 57 to June t in(my) (XX opinion Phys. ton St. Bal	June 14, 196
21D. TIM OF INJU (APPROX 22. I ce that (I) and hou 23A. SIGI 23C. PHY NAA 24A. BURIAL REMOV BURIAL	rtify that (1) (this hospital (XeX last saw the decess or and from the couses sta NATUSE SICIAN'S ME (Type)	while At Not White At Work work of ottended the deceased from No. and alive on June 12, which of the dolore. (1) (ME) (did) (didXis) of the ole, which work of t	vember 6, 19 65 ond the view the bady ofter deoth. ending Med. 23D. ADDRESS 136 S. H11 EMATORY 24D. LO	Stoff (City, to	deoth occurred on the do DATE SIGNED June 14, 196 timore, Md. Iwn. or county) (Stote) Co.Md.

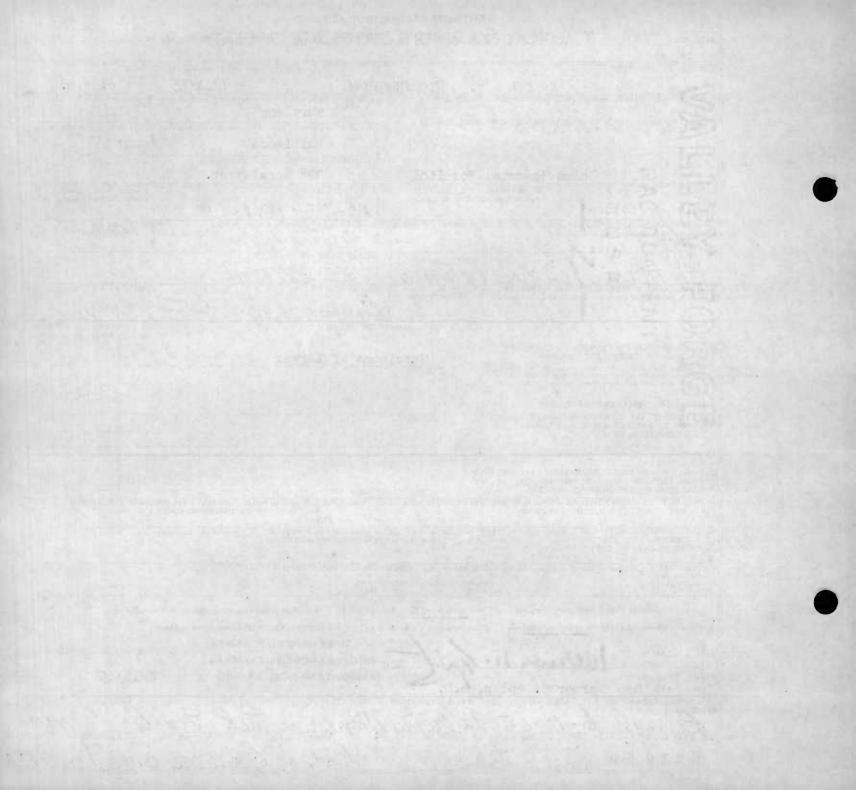




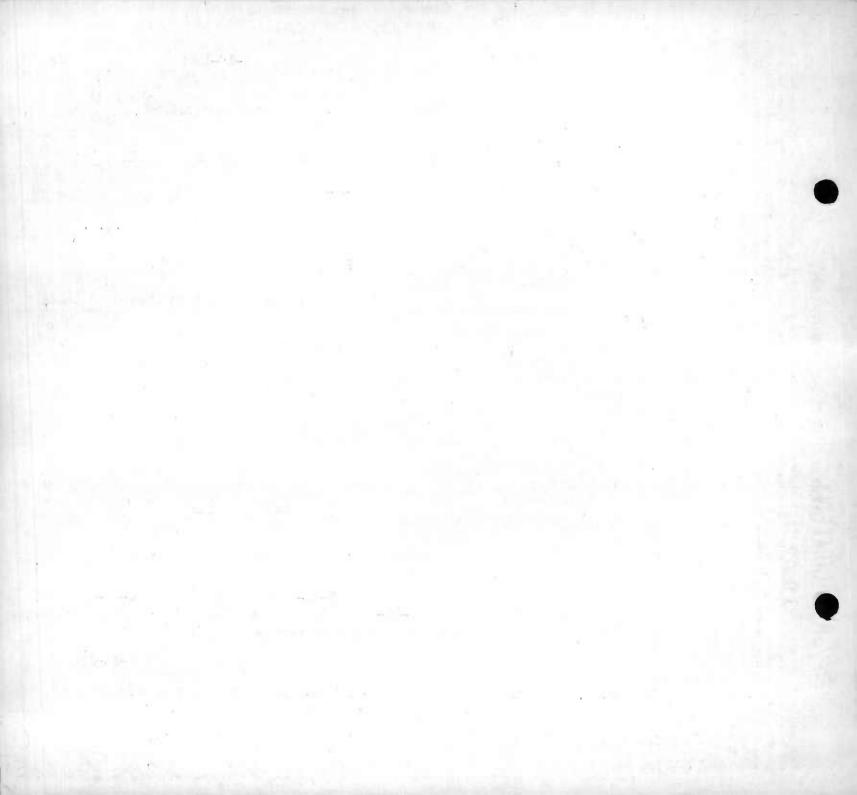


65 6297

BIRTH NO.	MED	ICAL EX	XAMINER'S C	ERTIFICA	HE OF L	EATH Registe	ered No
M.E. CASE NO.	CEASED				IO DATE AND	LIQUE BRONOUNG	ED DEAD
1. NAME OF DE (Type of Print)) CHRONY	II OOTMO	OMIT AND	2. DATE AND	6/11/65	1.00 -
3. PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONO	H. HIGGINBO	4. USUAL RES	IDENCE (Where of aryland	-11 ->	D: 35 & M. itution: residence before odmission) JNTY
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTIT	UTION, GIVE STREET		own (If outside	corporate limits, write	e RURAL and give township)
	Union M	lemorial	Hospital		DRESS (If rurol, 28 Worsle	~ .	107
5. SEX male	6. RACE		, NEVER MARRIED DIVORCED(specify)	8. DATE OF BIL	3-1891	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months, Doys Hours Min.
	CUPATION (Give kind of wor working life, even if retired)	kTOB. KIND O	F BUSINESS OR INDUSTR	Y 11. BIRTHPLAC	E (State or foreign	(Country)	12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAM	los Itia	a in	botham	14. MOTHER'S	MAIDEN NAME	\$	
5. WAS DECEASI Yes, no or unknown	ED EVER IN U.S. ARMED	FORCES?	16. SOCIAL SECURITY NO.	5mm	a Haca	in InThe	ADDRESS 328 11/04 1
18.	1 4		CAUS	E OF DEATH	- 1949	ure polition	INTERVAL BETWEEN
DISEASES RISE TO THE UNDERLY!	ANTECENDENT CAUSI OR CONDITIONS, IF A HE ABOVE CAUSE (A) S ING CONDITION LAST. III GNIFICANT CONDITIONS DEATH BUT NOT RE	ES ANY, GIVING TATING THE CONTRIBUTI					
DISEASE O	OR CONDITION CAUSING	OIT.	WHICH OPERATION	20A. AUTOP		20B. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
21 A. EXTERNA UNDERLYING	AL CAUSE WAS OR CONTRIB- USE OF DEATH.	21 B. home	PLACE OF INJURY (e.g., e, form, factory, street,	in or about 21C. office bldg., INJU	WHERE DID	If in Boltimore City, gi	ive exoct locotion)
21D TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeo	,	WHILE AT NOT WORK	WHILE WORK	NENI DID MOH	RY OCCUR?	
	rtify that I held on I	-	Inspection X Au	de Homi	cide U	s basis, death in m	
ACTUA SIGNAT	TURE MUNICIPALITY	esh.	4 - M. I	ASSISTANT	MEDICAL EX MEDICAL EX MEDICAL EX	AMINER _	DATE SIGNED 6/11/65
NAME (23A. BURIAL CRI REMOVAL (Speci-	(Type) Werner (EMATION, 23B, DATE		M.D.				, town, or countyl (Stote)
Burn	BY HEALTH DEPT.	-65 24B, NAME	OF REGISTRAR	Memos 24C. FUN	real the	et Ba	els md
HIN 1 c	1965 Rout	07	-		1	4	EX



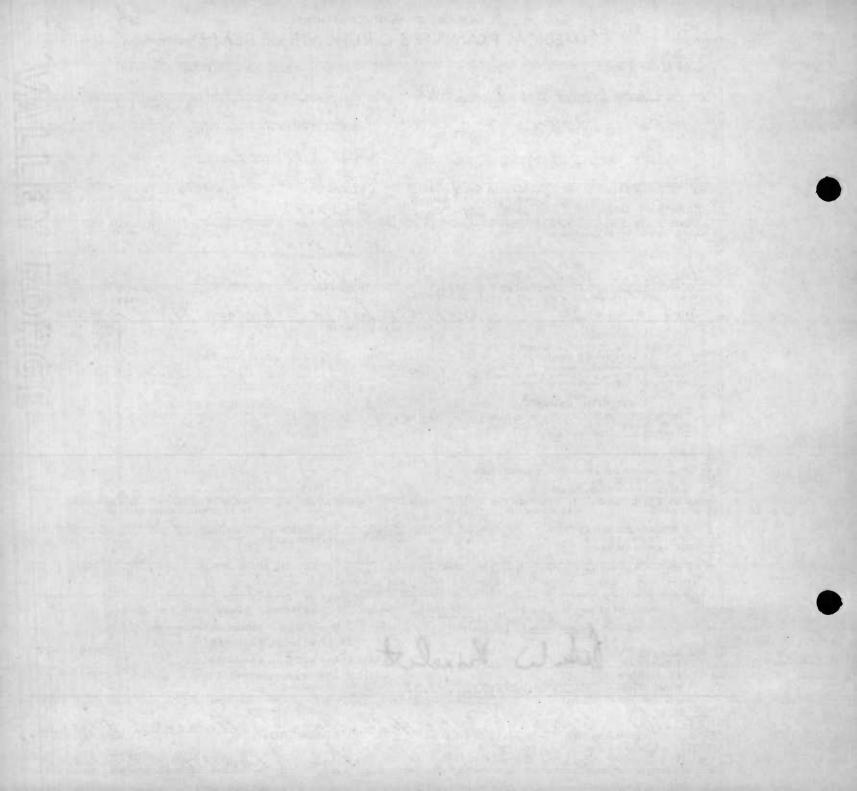
3-37-39-01	BIR	н но. 65 6298		E OF DEATH	Registered Na	65 6298
of death Deceased e on the	1,1	AME OF DECEASED Re or Print) Maggie Carter		2. DATE AN	6-10-1965	2:00 P _M
ing cause ing cause I cause; (5) attendanc		FLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF (If not in hospitol or institution oddress or locotion) Baltimore City Hospital Control of the second o	pitals	STATE B. COUN Maryland CITY OR TOWN (16 out Baltimore	rurol, give locotion)	stitution: residence before admission)
d ad ad	5,	EX 6. RACE 7. MARRIE WIDOW	D, NEVER MARRIED B.	DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
ANT tant if death e direct or co nd; (4) Undet eath was in	10A don	SUAL OCCUPATION (Give kind of work 10B, KIND of dairy), most of working life, eyen if reflied) FATHER'S NAME Was Deceased Ever in U. S. Armed Forces? In, no or unknown! (If yes, give wor or dates of sorvice)	11. SOCIAL SECURITY NO.	Virginia MOTHERS MAIDEN NAI INFORMANT	e Col	ADDRESS
L DIRECTOR: IMPORT edical examiner or his assistical examiner. Also, if thurs, (3) A fracture of any k sician who pronounced d was in regular attendanc mains are embalmed or fin	-	18.44.5.5.	CAUSE OF C	Records:BCH-49	40 Eastern 1	INTERVAL BETWEEN ONSET AND DEATH
	ATION	(This does not mean the mode of dying, e.g. heart failure, osthenia, etc. If means the diseas injury or complication which caused deoth.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the obove couse (A) stating the UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	Gangre	ne 5th. right		
chief my a mee Body by the phy ysician	CERTIFICA	19A. DATE OF OPERATION 19B. CONDITION FOI WAS PERFORMED		20A. AUTOPSY? (Yos or No	20B, IF YES, WERE IN CERTIFYING CALL	FINDINGS CONSIDERED USES OF DEATH?
FU by the ital by re; (2) vhere No ph	CAL		1B. PLACE OF INJURY (e.g., in or ome, form, foctory, stroet, office tc.)	bldg., INJURY OCCUR?		City, give exact location)
ved by hospit nature cept wild (6) N ained k	MEDI	OF INJURY	Vhile At Not While At Work	21F. HOW DID INJ	URY OCCUR?	
approto to the of any all (except); and be obti		22. I certify that (I) (this hospital) attended that (I) (we) last saw the deceased alive an and haur and from the causes stated above.	6-10-	19 65 and th	19 <u>63</u> to at in(my) (our) api	6-10- 1965
must be eleased ccident to hospit to deat al must		23A. SIGNATURE / Halle	M.D. Attendi	ng Med.	Stoff Phys.	23B. DATE SIGNED 6-10-1965
rificate y was re 1.1) An ac 2. A. at a d prior approve		23C. PHYSICIAN'S NAME (Type) Dr. H. Rathbun	M.D. 4	ADDRESS 940 Eastern Av		
This certif the body shows: (1) was D.O./ deceased	24	SEMOVAL (Specify) LUCIAL 6-14-65 DATE REC'D BY HEALTH DEPT. 258, NAM	NAME OF CEMETERY OF CREMINAL OF REGISTRAR	TEN EM 24D, L'	a.a. G	(Stote)
サギュッション	1	JUN 1 6 1965 Robert E. 40	7,	daymen o	an deres	217 O. Treston S



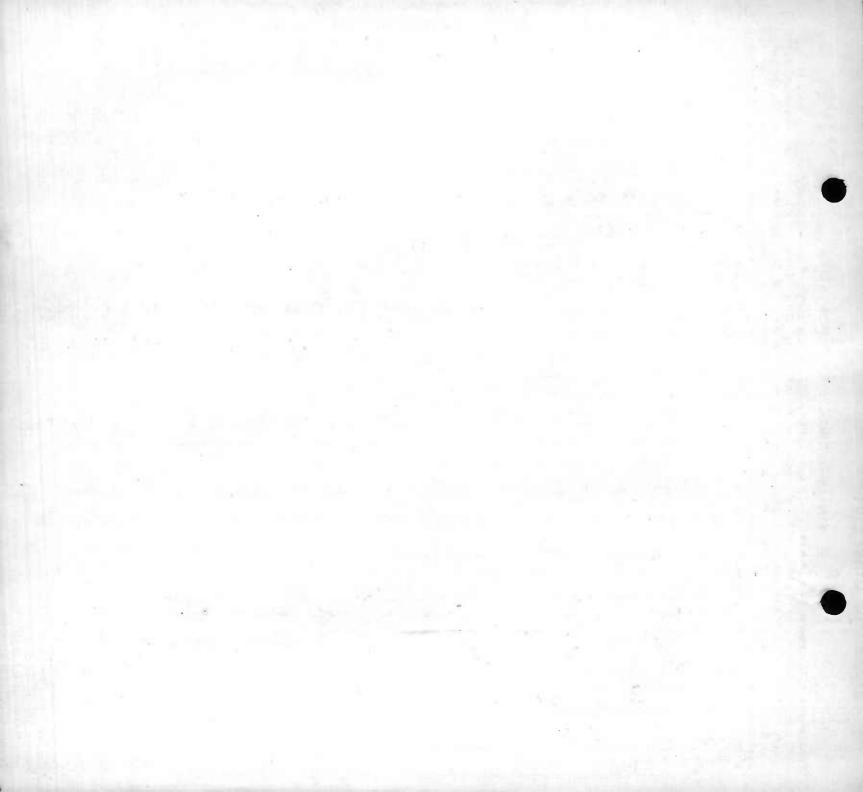
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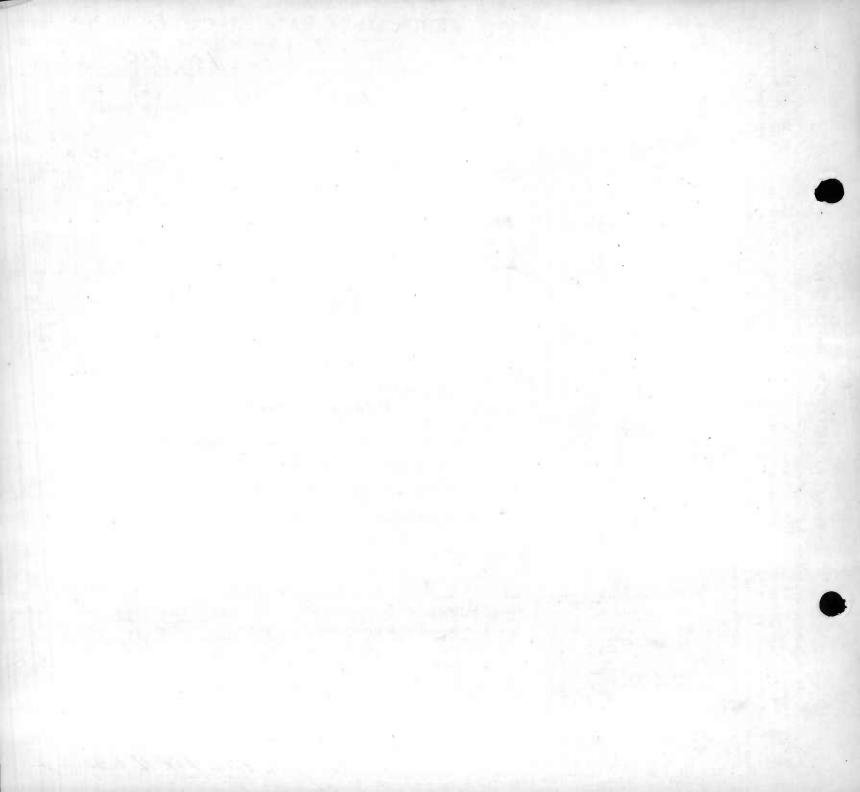
-	,	-	-
9	Same.	7	30
-	1	0	0

M.E. CASE NO.	MED	ICAL EXAMINER'S	CERTIFICATE OF DEATH	egistered No.
. NAME OF DE	CEASED		2. DATE AND HOUR PROM	OUNCED DEAD
Type or Print)	Ţ,	ILLIAM GATEWOOD	6-14-65	10:15 A M
	TIMORE, MARYLAND, W	HERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived	
TULL NAME DE	ADDRESS OR LOCA	AL OR INSTITUTION, GIVE STREET ATION)	C. CITY OR TOWN (If outside corporate limit Baltimore	ts, write RURAL and give township)
CHUR	CH HOME & HOS	PITAL - DOA	D. STREET ADDRESS (If rural, give location) 915 E. Fayette Street	
. SEX	6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In	years If Under 1 Yr. If Under 24 H
Ma1e	Colored	MIDOWED, DIVORCED (specify)	2-27-12 lost birthdo	
	CUPATION (Give kind of working life, even if retired)	NOB KIND OF BUSINESS OR INDUST	TRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
FATHER'S NA	ME	/	14. MOTHER'S MAIDEN NAME	
W111.	16m Gate	2000	Mary	A STATE OF THE STA
	ED EVER IN U.S. ARMED		17. INFORMANT	ADDRESS
Ves	WWII	120-14-015	oLIENE JOLNSON	19N. Bentalous
18.	21	CAU	SE OF DEATH	INTERVAL BETWEEN
DISEA	ASE OR CONDITION D			
(This does	not meen the mode of e, osthenia, etc. It means	/ ^ \	Pulmonary emphysema	
heort foilure	e, osthenia, etc. It mean: omplication which coused	ine disease,	with cor pulmonale	
OTHER SIG	HE ABOVE CAUSE (A) SING CONDITION LAST. II GNIFICANT CONDITIONS	(C)		
DISEASE	DEATH BUT NOT RE	G IT.		
19A. DATE O	F OPERATION 198, CON	IDITION FOR WHICH OPERATION	NO NO 20 A. AUTOPSY? (Yes or No) 20B. IF YES, WIN CERTIFYING	VERE FINDINGS CONSIDERED G CAUSES OF DEATH?
UNDERLYING	OR CONTRIB-	21B. PLACE OF INJURY (e.g. home, form, foctory, street, etc.)	office bldg, INJURY OCCUR?	City, give exact location)
21D TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeo	WHILE AT TO NO	D 21F. HOW DID INJURY OCCUR? T WHILE WORK	
22.	rtify that I held an	nquiry Inspection A	and that on this basis, dea	th in my opinion
resu	Ited fram: Notural ca	uses X Accident Suic	ide Hamicide Undetermined	manner
	*	N D	CHIEF MEDICAL EXAMINER	DATE SIGNED
SIGNAT		w Gleek	ASSISTANT MEDICAL EXAMINER	DATE SIGNED
EXAMI NAME	NER'S	W. RIECKERT, M.D.	ASSOCIATE MEDICAL EXAMINER	6-14-65
A, BURIAL CR	EMATION, 23B. DATE	23C. NAME OF CEMETER	or CREMATORY 23D. LOCATION	(City, town, or county) (State)
A. DATE REC'E		24B, NAME OF REGISTRAR	24C. FUNERAL DIRECTOR	ADDRESS
JUN 16	1965 Robert	E. FarleyMil	Storge S. Kelen 13.	48 N. Calhoun St.
S 151-REV. 1/1	/65		19 19 19 19 19 19 19 19 19 19 19 19 19 1	



M.	2501	BiRT	CERTIFICATE OF DEATH Registered No.
	and eath ased the Such		C. CASE NO.
	-005		Helen Me Gowan June 14. 1965 1 60 P. M.
	se of de (5) Dece	3. 1	PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased fived. If institution: residence before demission) A. STATE B. COUNTY
	hosi ise (5) and dec		FULL NAME OF (If not in hospital or institution, give street Mary/Gwd
	1 7 0	A	C. CITY OR TOWN (If outside city limits, write RURAL and give township)
	- 30 //	P	1420 W. Franklin St. Baltimore D. STREET ADDRESS (If rurol, give locotion)
	D - D - G		1420 W. Franklin St.
	rribut minec gular ed p	5. 5	6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthdoy) If Under 1 Yr., If Under 24 Hrs. Months Doys Hours Min.
	occur contrib ermir regul eased is ma		USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stole or foreign country) 12, CITIZEN OF
			WHAT COUNTRY?
	dea t or Una as e d	13,	Comestic Battimore, Www. U.S.A.
	nt if death direct or c ; (4) Undet h was in on the dec	1	James Johnson Estella Chase
Z		15.	Was Deceased Eyer in U. S. Armed Ferces? 16. SOCIAL 17. INFORMANT ADDRESS
T A	JUST OF BE	(Te	NO SECURITY NO. 212-32-2020 Gertude Rozier 1420W. Franklin Si
IMPORT	if think hed and dan or fi	-	18. CAUSE OF DEATH INTERVAL BETWEEN
A P	den den		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH LEADING TO DEATH LEADING TO DEATH
S	THE OFF		(This does not mean the made of dying, e.g., DUE TO
~	cture cture pron	F	heart failure, asthenia, etc. II means the disease, injury or camplication which caused death.)
5	fra fra		ANTECEDENT CAUSES (B) DUE TO
DIRECTOR:	×an ×an ×h ×h		DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the
3	al e l e l e l e l e l e l e l e l e l e		UNDERLYING CONDITION last.
-	dical dical rrns; (; sician was ii	z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
Z	E and the a	ATION	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
ER	a n ody he he sicie	ERTIFIC,	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
S	2 × E × o	CERT	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location)
u.	+ 7 0 0 0	₹	21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF (If in Boltimore City, give exact location) DEATH (notify medical examiner) Lett.)
	by Kh	DIC	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
	oved by e hospit nature cept wh nd (6) N	8	OF INJURY (APPROX.) While At Not While At Work At Work
	the ny exc and		22. I certify that (I) (this hespite) offended the deceased from 192 to 19
	0 0 0		that (1) (me) lost sow the deceased alive on
	st be a ased to lent of spital death) nust be		and hour and from the causes stated above. (1) (10) (111) (111 est) view the body ofter death.
	eased tident of hospital		23A. SIGNATURE M.D. Attending Med. Stoff
	E O O O T O		M.O. Attending Med. Stoff Phys. Director Phys. Director Phys.
	was An An prio	F	NAME (TYPE) DE KIND M.O. 861 HADION CHIO RICH!
		244	A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stote)
	E-000 -	17	Buriol 6-19-65 Arbutus Mem. PK Arbutus Md.
	This certif the body shows: (1) was D.O./ deceased written a		A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS
	₹ ₹ ₹ ₹ ₹		JUN 1 6 1965 Robert E. Farbentill Store A. Kelson 1348 N. Calhons
		VS	150-REV. 1/1/65





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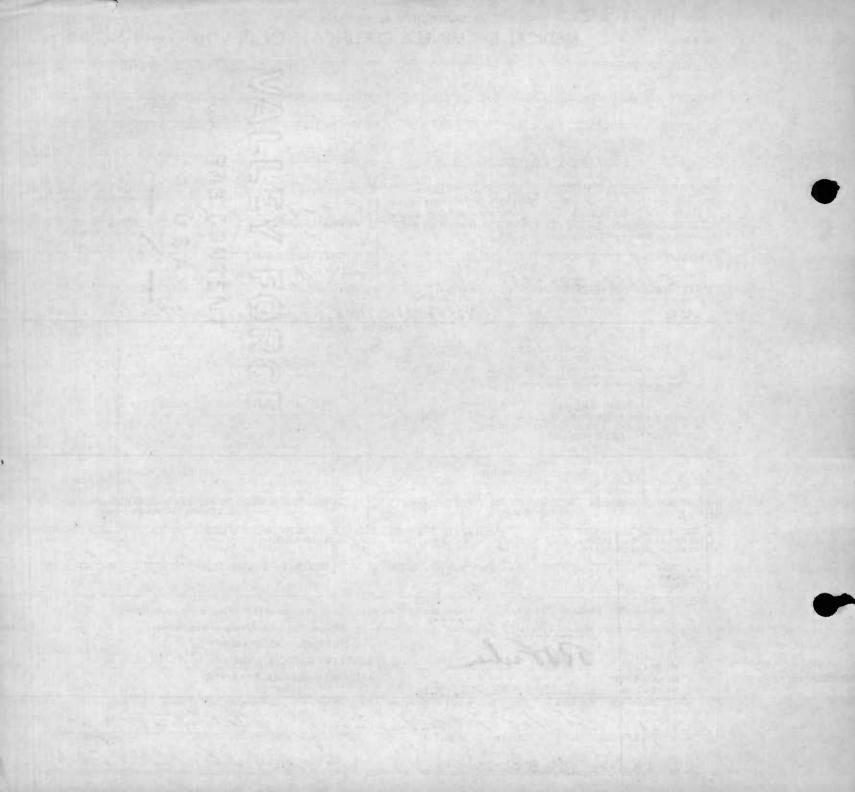
1. NAME OF DE	CEASED			2. DATE AND HOUR PRONO	UNCED DEAD
(Type or Print)	A.W.A	OS GAINES		6-13-65	4:55 PA
3. PLACE IN BAL	AM TIMORE, MARYLAND,	WHERE PRONOUNCED DEAD	4. USUAL RESID	DENCE (Where deceased lived, B.	If institution: residence before admission.
FULL NAME OF HOSPITAL OR	(IF NOT IN HOSPI ADDRESS OR LOC	TAL OR INSTITUTION, GIVE ST	Maryla c. city or to	nd WN (If outside corporate limits,	, write RURAL and give township)
	PROVIDENT	HOSPITAL - DOA	Baltim D. STREET ADD	Ore RESS (If rurol, give location)	15-01
			1374 N	Fremont Avenue	21217
5. SEX Male	6. RACE Colored	7. MARRIED, NEVER MARRI WIDOWED, DIVORCED(spec	cify) -	H 9. AGE (In y lost birthday)	Months, Doys, Hours, Min
		VEUEN MAN			12. CITIZEN OF
done during most of	working life, even if retired		C.	q,	WHAT COUNTRY?
13. FATHER'S NA	ME		14. MOTHER'S N	AIDEN NAME	
La	Mey Gai	NES	Sc/	1 Maitin	V
Yes, no or unknow	iED EVER IN U.S. ARMI	ED FORCES? 16. SOCIAL SECURITY N	17. INFORMANT		ADDRESS
NO		515-18	3841 50/	La ser	Wilchours 40
1B.	7 - 3 - 3 - 4	pl 4- 1 0	CAUSE OF DEATH	THINES 27	INTERVAL BETWEEN
7	1 45 85 / L		CAUSE OF DEATH		ONSET AND DEAT
DISEA	ASE OR CONDITION I LEADING TO DEAT	DIRECTLY			
(This does		(A)	Arteriosclero	tic cardiovascul	Lar disease
heort failur	not meon the mode e, osthenia, etc. It meo amplication which couse	of dying, e.g., DUE	то		
injury or co	omplication which couse	d deoth./			
	ANTECENDENT CAU	SES			
DISEASES	OR CONDITIONS, IF	ANY, GIVING (B)	ТО	•••••	
RISE TO TI	HE ABOVE CAUSE (A)	STATING THE			
_	ino contenton cas	(C)		***************************************	
0	11				
O THE	GNIFICANT CONDITION DEATH BUT NOT FOR CONDITION CAUSIN	RELATED TO THE			
-	F OPERATION 198. CO	ONDITION FOR WHICH OPERATERSORMED		1? (Yes or No) 20B, IF YES, WE IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
O UNDERLYING	AL CAUSE WAS	218. PLACE OF INJ home, form, loctory, etc.)	URY (e.g., in or about 21C. \ , street, office bldg., INJUR	WHERE DID (If in Boltimore City OCCUR?	ity, give exact location)
21D TIME OF INJURY		eor) (Hour) 21 E. INJURY OC	CCURRED 21F. H	OW DID INJURY OCCUR?	
(APPROX.)		m. WHILE AT	NOT WHILE		
	rtify that I held an			d that on this basis, death	
resu	Ited from: Natural c	ouses X Accident	Suicide Hamic	Ide Undetermined n	nonner
ACTUA		Fulle		EDICAL EXAMINER X	DATE SIGNED
EXAMI	NER'S	L S. FISHER, M.D	ASSOCIATE A	MEDICAL EXAMINER	6-14-65
141411160					
23A. BURIAL CR	EMATION, 23B, DATE	23C. NAME of CE	METERY OF CREMATORY	23D. LOCATION	(City, town, or county) (Stote)

24A. DATE REC'D BY HEALTH DEPT.

C/17/65 / INT USAN DEPT. 24B. NAME OF REGISTRAR

1965 Robert E. Farley M. M.

24C. FUNERAL DIRECTOR

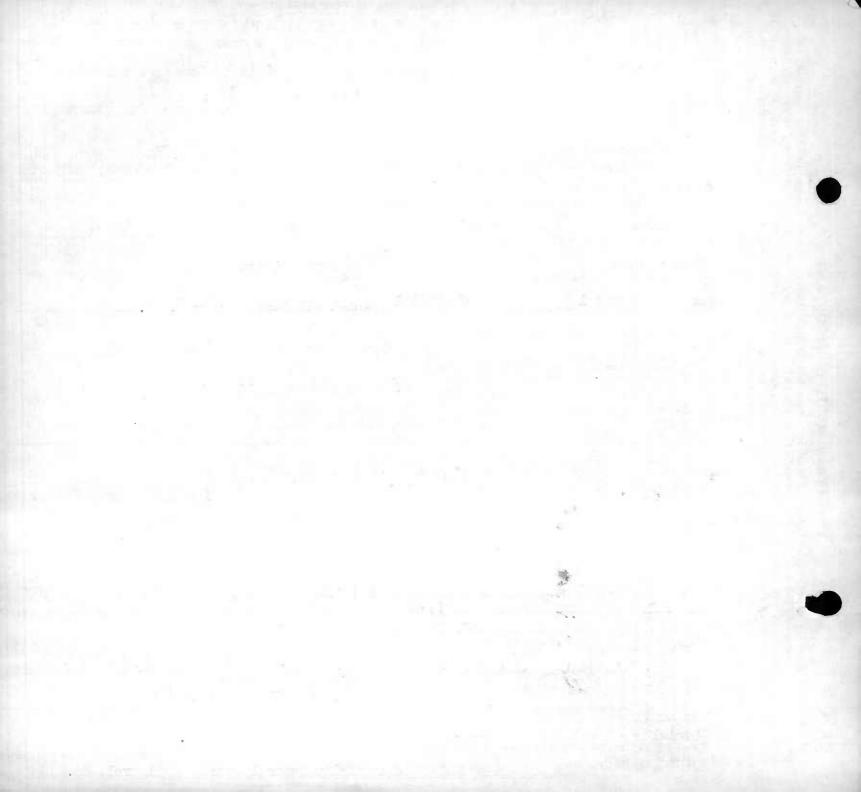


manus J. They chiles Park Tare bank Barrell

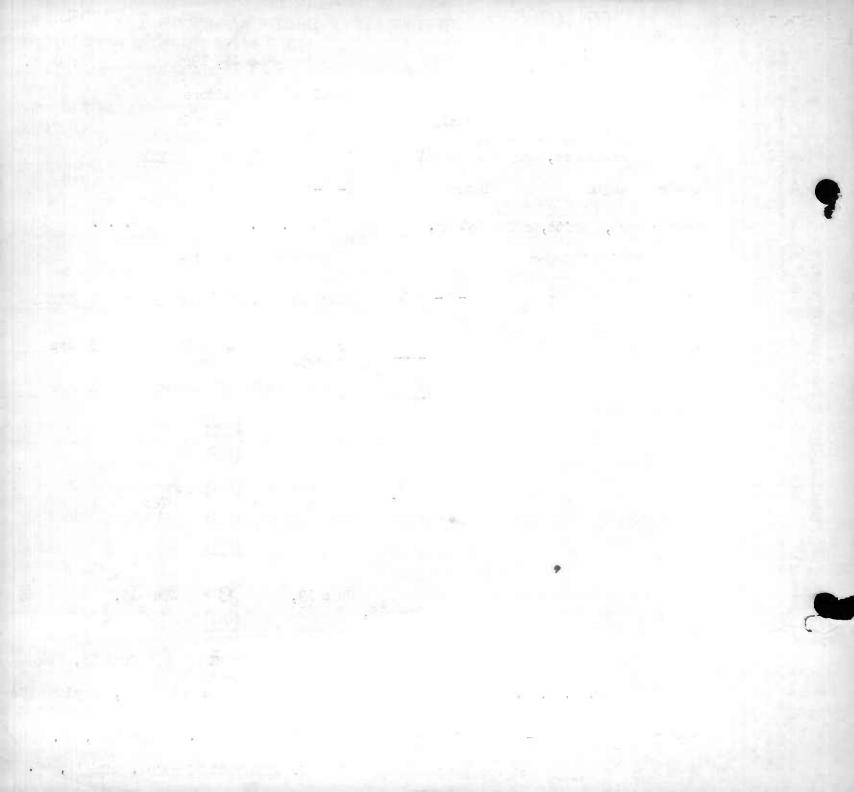
contributing eath 7 IMPORTANT FUNERAL DIRECTOR: by pevo

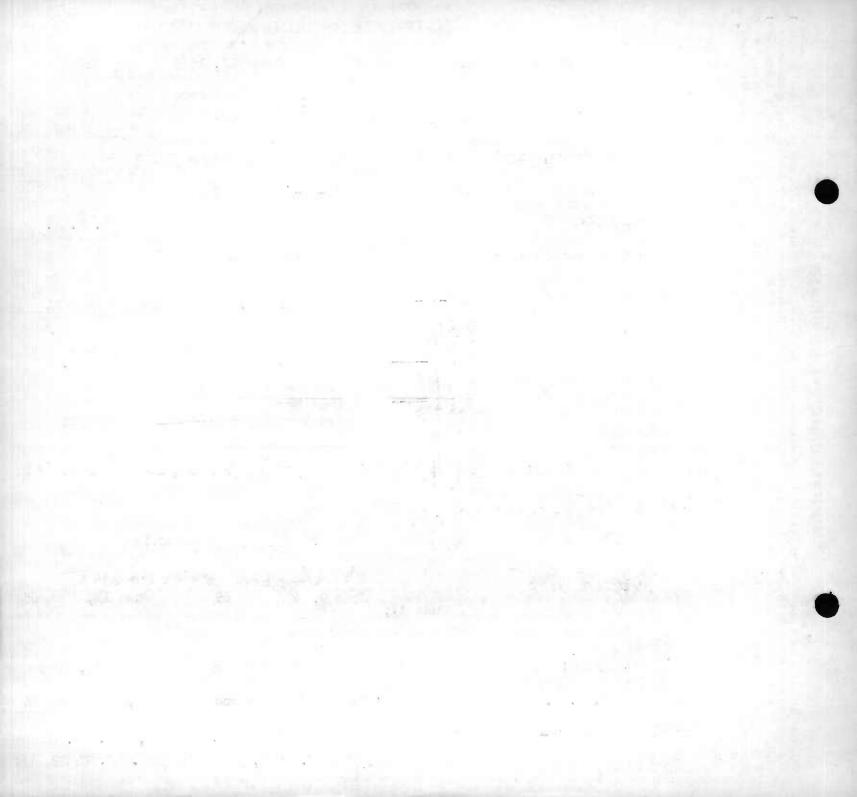
VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT Registered Na. deceased lived. If institution; residence (If outside city limits, write RURAL and give township) If Under 1 Yr. If Un Months Doys Hours If Under 24 Hrs. 12. CITIZEN OF WHAT COUNTRY? USA ADDRESS INTERVAL BETWEEN ONSET AND DEATH 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) and that in (my) ((our) apinian death occurred an the date (City, town, or county) ADDRESS



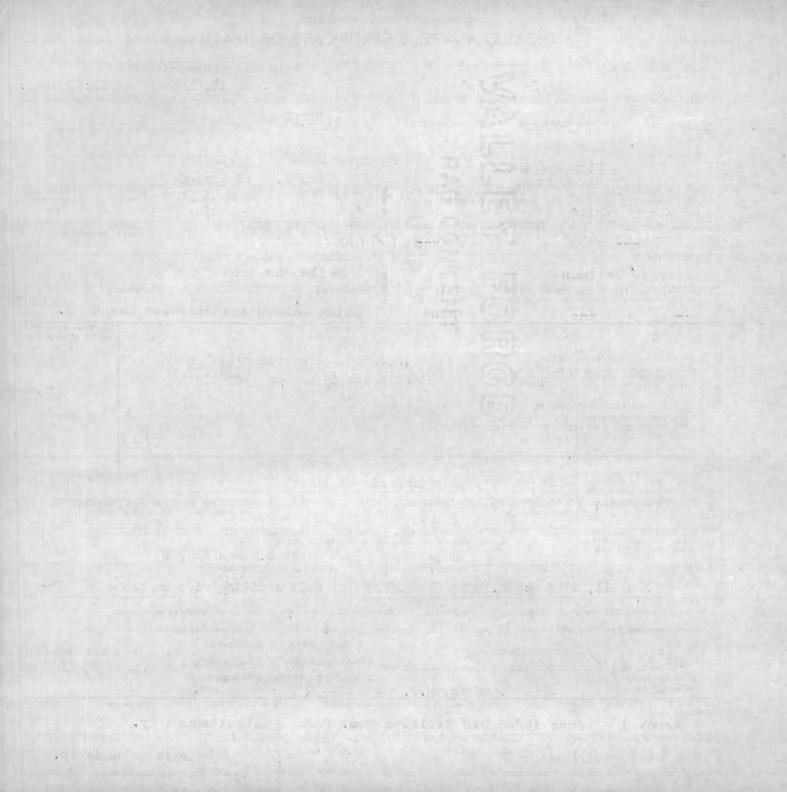
(Ту	Pe or Print)	Cathe			une 15, 1965	2:00 A.
3.	PLACE OF DEA	ATH IN BALTIMORE, A		4. USUAL RESIDENCE (A. STATE B. C.	Where deceased lived. If in: OUNTY Baltimore	stitution: residence belore odmissi
	FULL NAME O HOSPITAL OR INSTITUTION	oddress or loco	ol or institution, give street tion) City Hospitals	C. CITY OR TOWN	Foutside city limits, write R	and the second s
1		4940 Easte		RURAL: D. STREET ADDRESS	(If rurol, give location)	0500
			Maryland #21224	1858 Marsh	all Road #21	222
	emale	6. RACE White	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 1-25-10	9. AGE (In years lost bighdoy)	If Under 1 Yr. If Under 24 Hours Min
t0/	USUAL OCCU	JPATION (Give kind of w working life, even if retired	ork 108, KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or	loreign country!	12. CITIZEN OF WHAT COUNTRY?
	FATHERS NAM		,Coffee Pot Co.	Balto. 1		U.S.A.
13.		illiam Batem	nan		Coniconion	
	Wos Deceosed s, no or unknown	Ever in U. S. Armed	Forces? 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	No	No	27/ 22 020	RECORDS: BO	H: 4940 Easter	rn Avenue #21224
	18. 199	1.21	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEAS	SE OR CONDITION I		Imemia 20 4	o Bilateral	5 Days
	(This does n	nol meon the mode	of dying, e.g.,	Ureteral Ol) Days
		osthenio, etc. It meo aplication which cous		*		2 37
		ANTECEDENT CAUS	ES (B) DUE TO	Uarcinomate	sis of Abdomer	1 Year
		OR CONDITIONS, in	fany, giving			
		G CONDITION Iosi.	A) sloting the (C)			
ATION	TO THE D	 FICANT CONDITIONS EATH BUT NOT RE	ELATED TO THE			
CERTIFICAL		OPERATION 19B. CO	G IT. ONDITION FOR WHICH OPERATION ERFORMED	Yes	or Not 20B, IF YES, WERE F	FINDINGS CONSIDERED USES OF DEATH?
CERT	21 A. ACCIDE	NT WAS UNDERLYING	21B. PLACE OF INJURY (e.	J. in or obout 21C. WHERE D		City, give exact location
CAL	OR CONTRIBLE	JTING CAUSE OF medical examined	home, lorm, loctory, street,	office bldg. INJURY OCCU	R?	
MEDI	21 D. TIME OF INJURY	(Month) (Doyl (Yes			INJURY OCCUR?	
>	(APPROX.)		White At Work Not W	Vhile Ork		
MEDI			tol) ottended the deceased from			
	that (I) (we)	lost saw the decea	ised alive an June	15, 1965on	d that in (my) (aur) opin	nion death occurred on the
			toted obove. (I) (We) (did) (did not) view the body after de	oth.	less DAYS dig.
1	23A. SIGNATU	MANY.	12 to M.D.	Attending Med.	Stoll TO	Tuno 15 1065
	23 C. PHYSICIA	ns grang	ence	Attending Med. Phys. Director [23D. ADDRESS	Stoll Phys.	June 15, 1965
	NAME (T	ypel Dr. C. C	. J. Carpenter		n Avenue Balti	imore, Maryland
			W.			
24	A. BURIAL CPF	MATION, 24B, DATE	24C, NAME OF CEMETERY OF	CREM ATORY 124	D. LOCATION ICI	ly, town, or county! (Stot
24	A. BURIAL CRE	Specilyl	24C. NAME of CEMETERY of			
	Burial	MATION, 248. DATE Specily! June:			derick Rd. Cat	



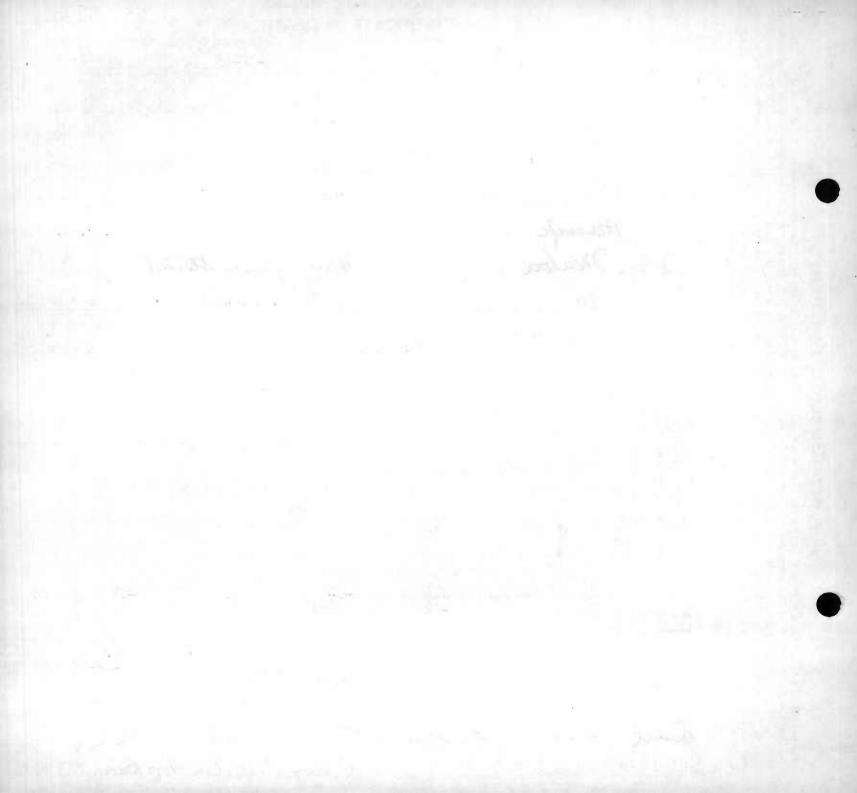


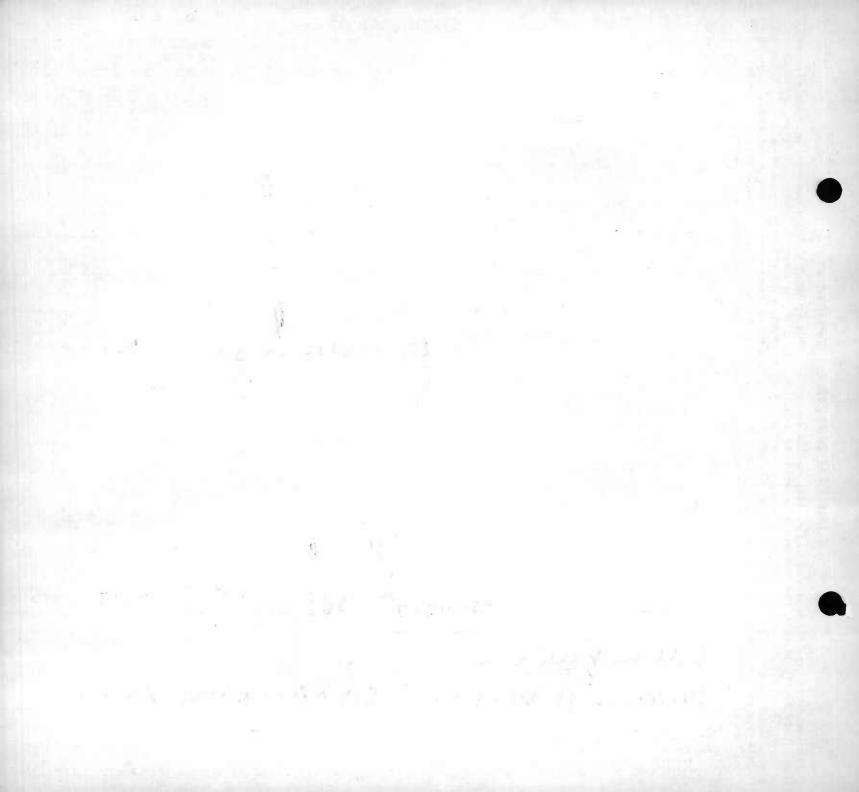
N	46-	8
14	0 (_

BIRTH NO.	MED	ICAL EX	CAMINER'S	CERTIFICATE OF	DEATH Registe	ered Na.
M.E. CASE NO.	CFASED			2 DATE	AND HOUR PRONOUNC	ED DEAD
(Type or Print)	Man				June 12, 1965	12:00 Mdnt
3. PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (Wh	ere deceased lived. If inst B. COU	itution: residence before admission
FULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITU	UTION, GIVE STREET	Maryland		
HOSPITAL OR	ADDRESS OR LOCA	TION	SHOW, GIVE SIKEEI	C. CITY OR TOWN (If ou	side corporate limits, write	RURAL and give township)
				Baltimon	re	203
	City Hos	nitals		D. STREET ADDRESS (If ru	rol, give location)	
	020) 1101	Predre		845 S. I	Bond Street	
5. SEX Female	6. RACE White		NEVER MARRIED DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years last birthdoy) 58	If Under 1 Yr. If Under 24 Hr. Months, Doys Hours Min.
IOA. USUAL OCC	UPATION (Give kind of wor	k 108. KIND O	F BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF
done during most of	working life, even if refired)	1		Ky		WHAT COUNTRY?
3. FATHER'S NA	ME	1		14. MOTHER'S MAIDEN NA	AME	
Warni	ie Wellman			Mella Ann	Webb	
	ED EVER IN U.S. ARMED	COPCES?	116, SO CIAL	17. INFORMANT		ADDRESS
	(If yes, give war or date		SECURITY NO.			212
			none	Oneida Lohma	n 404 Wildwo	od Beach Rd.
1B.	N 2 70	112	CAU	SE OF DEATH		INTERVAL BETWEEN
DISEA	ASE OR CONDITION DI	DECTIV				ONSET AND DEATH
DISEA	LEADING TO DEATH		Ma	ssive retroperi	coneal hemorri	hage
(This does	not mean the mode of	dying, e.g.,				
injury or co	e, osthenio, etc. It meons emplication which coused	deoth.)	blunt	force injury to	left flank	
	ANTECENDENT CAUS		(B)			
	OR CONDITIONS, IF A		DUE TO			
UNDERLYI	NG CONDITION LAST.					
Z			(C)			
OTHER SIG	11					
OTHER SIC	SNIFICANT CONDITIONS DEATH BUT NOT RE		NG CHE Cirrho	sis of liver		
	OR CONDITION CAUSING			DED OF EEVEL		
	F OPERATION 198. CON	IDITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or	10 20B. IF YES, WERE FI	
O	WAS 1 E.	CKIVIED		yes	ye	
	AL CAUSE WAS	21 B.	PLACE OF INJURY (e.g.	, in or about 21C. WHERE DIE	(If in Boltimore City, gi	ve exact location)
UTING CA	OR CONTRIB-	etc.)		office bldg. INJURY OCCUR?		7-12
7			home		. Bond Street	200
OF INJURY	(Month) (Doy) (Yeo		21E, INJURY OCCURRED			
(APPROX.) J	Tume 11, 1965	6:00A	WHILE AT NO	WHILE X fell st	riking side o	n table
22.					41.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	
	rtify that I held on			utopsy A ond that on		
resu	Ited from: Natural co	uses	Accident 🔀 Suic	ide Homicide	Undetermined mann	er
	01	1		CHIEF MEDICAL	EXAMINER .	DATE SIGNED
ACTUA		. 116	7.	D. ASSISTANT MEDICAL	EXAMINER X	DATE SIGNED
SIGNAT	/ /	pya	M.	ASSOCIATE MEDICAL		June 13, 1965
EXAM! NAME		ohn F A	Adams, M.D.	ASSOCIATE MEDICAL	EXAMINER	
23A, BURIAL CR			C. NAME of CEMETERY	or CREMATORY 231	LOCATION (City,	, town, or county) (State)
REMOVAL (Speci	fy)					
Remo	val June	15/65	Old Williams	Mem. Park	atlettsburg	
24A. DATE REC'E	BY HEALTH DEPT.	24B. NAME	OF REGISTRAR	24C. FUNERAL DIREC	TOR ,	ADDRESS
JUN 16	1965 Robert	r E. Jan	Shey Mall	Philips Ale	rung Sono 362	4 Orleans Sy.
VS 151-REV. 1/1	/65	8,21		00811	1	



9 AM	BALTIMORE CITY HEALTH DEPARTMENT	la. 65 6308
E D O E	BIRTH NO. M.E. CASE NO. 65 6308 CERTIFICATE OF DEATH Registered N	0. 00 000
Decease e on the ith. Sucl	1, NAME OF DECEASED 2. DATE AND HOUR OF DEA	TH
	(Type or Print) Margaret Wiggs 6-12-65	2:15 P.
ŀ	Margaret Wiggs 6-12-65 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceosed lived. A, STATE B, COUNTY	If institution; residence before admissi
		15-12
	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) Maryland C. CITY OR TOWN (If outside city limits, we	ite RURAL and give township)
	Baltimore City Hospitals Baltimore	TO NORTE ON GIVE TOWNSHIP!
١	4940 Eastern Avenue D. STREET ADDRESS (If rurol, give location)	
	Baltimore, Maryland #21224 1302 North Mount Stree	
	WIDOWED. DIVORCED (specify) lost birthdoy)	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
	Female Negro Widowed 5-1-00 65	
	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) done during most of working life, even if retired)	12. CITIZEN OF WHAT COUNTRY?
	Houswell South Carolina	U.S.A.
	13. FATHER'S NAME	1
	John Mailon; many same Sten	- ffine
	15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT	ADDRESS
	(Yes, no brunknown) (If yes, give wor or dotes of service) SECURITY NO.	
	RECORDS: B.C.H. 4940 Ea	stern Avenue #2122
	1B. /5 / X CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
ľ	LEADING TO DEATH (ASepsis, Focus Unknown	4 Days
	(This does not mean the mode of dying, e.g., DUETO heart foilure, asthenio, etc. It means the disease,	
	injury or complication which caused death)	O Wantha
	ANTECEDENT CAUSES (B) Adenocarcinoma of Stomach	9 Months
	DISEASES OR CONDITIONS, if any, giving	
	rise to the above cause (A) stating the (C)UNDERLYING CONDITION tast.	00400000000000000000000000000000000000
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	4-14-14-14
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
	U 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WE	RE FINDINGS CONSIDERED CAUSES OF DEATH?
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WE IN CERTIFYING 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Bolifi	CAUSES OF DEATH?
	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID or CONTRIBUTING CAUSE OF home, form, factory, street, office bldg., INJURY OCCUR?	more City, give exact location)
I	▼ DEATH (notify medical examiner) etc.)	
1		
	OF INJURY	
1	(APPROX.) Work At Work	
1	22. I certify that (i) (this hospital) attended the deceased fram 6-5- 1965 to	6–12 19.65
	that (I) (we) last saw the deceased alive on 6-12 19 65 and that in (my) (our)	opinian death occurred on the d
	and haur and fram the causes stated abave. (1) (We) (did) (did nat) view the bady after deoth.	
	23A. SIGNATURE	23B. DATE SIGNED
	Phys. Director Phys.	6-12-65
	23C. PHYSICIAN 8 NAME (Type)	
	Dr. Charles Carpenter M.D. 4940 Eastern Av	enue #2122/
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION	(City, town, or county) (Stote
	n. (d/1/2/2) Inthe land of the land	mol
	25A, DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGISTRAR 25C. FUNERAL DIRECTOR	ADDRESS
	JUN 16 1965 Research & Farley M. A. Character of Recording to	n A
		wow / Hould a
	VS 150-REV. 1/1/6S	/





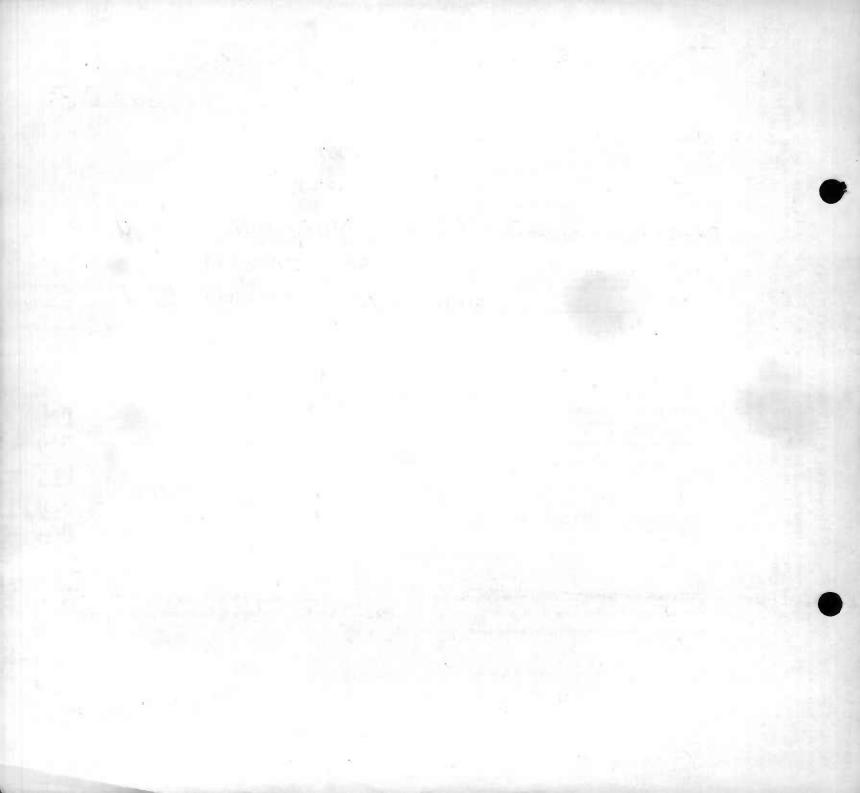
BIRT	65 H NO.	6310 MED		BALTIMORE CITY HEAL (AMINER'S CI	TH DEPARTMENT ERTIFICATE OF I	DEATH Registered	65 6310
M.E	L CASE NO.						
1. P	NAME OF DEC	EASED			2. DATE AN	D HOUR PRONOUNCED	DEAD
(1),	Je ot Tillin	MICHA	AEL	JOHNSON	6-13-	-65	9:40 P.M.
3. P	LACE IN BALTI	MORE, MARYLAND, W	HERE PRONOL	JNCED DEAD	4. USUAL RESIDENCE (Where	deceased lived. If instituti	on: residence before odmission
HO	L NAME OF	(IF NOT IN HOSPITA	AL OR INSTITU	JTION, GIVE STREET	Maryland c. CITY OR TOWN (If outside		
INS	TITUTION				Baltimore		I-11
	Ţ	JNIVERSITY HO	DSPITAL	- DOA	D. STREET ADDRESS (If rurol,	give location)	0
					616 W Hamburg	Street 2123	30
5. S	EX	. RACE		NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years I	f Under 1 Yr. If Under 24 Hrs
	Male	Colored	-	DIVORCED (specify)	A		Aonths Doys Hours Min.
10A			Sin Sin Sin		April 26, 1946		2. CITIZEN OF
done	during most of w	orking life, even if retired)		DOSITION ON INCOME.	Baltimore	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	WHAT COUNTRY?
	ATHER'S NAM				14. MOTHER'S MAIDEN NAM		
		nnister					
					Cora Johnson		
		If yes, give wor or dote		16. SO CIAL SECURITY NO.	17. INFORMANT		DDRESS
					Cora Johnson	- 1232 Shar	p Street
	18.	CAIV		CAUSE	OF DEATH		INTERVAL BETWEEN
	2 1						ONSET AND DEATH
		E OR CONDITION DI LEADING TO DEATH		M:11 f	iple bullet wour	ade	
	(This does no	of meon the mode of	dying, e.g.,	XXXXXX	Thre parter woul	ius	
	injury or com	osthenio, etc. It meons plication which caused	deoth.)	with	bilateral hemot	thorax and hen	20-
	Δ1	NTECENDENT CAUSE	c		cardium	enorax and nen	.io
		R CONDITIONS, IF A		(8)PETI	tcararan		
	RISE TO THE	ABOVE CAUSE (A) ST		201 10			
z	ONDERLIN	G CONDITION LAST.		(C)	•••••		
은		ll ll					
CERTIFICATION	TO THE E	FICANT CONDITIONS DEATH BUT NOT RECONDITION CAUSING	LATED TO T				
ERT	19A. DATE OF			WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE FIND	NGS CONSIDERED
)	WAS PER	POKMED		Yes	IN CERTIFYING CAUSES	OF DEATH?
	21 A. EXTERNAL UNDERLYING		21 B.	PLACE OF INJURY (e.g.,	n or obout 21C. WHERE DID	(If in Boltimore City, give	exoct location)
ă	UTING CAUS	E OF DEATH.	etc.)	Part of the Control o	ffice bldg., INJURY OCCUR?	- C 707 G T	
Σ	21 D TIME	(Month) (Doy) (Yeor	r) 9Hogri5 2	Street IE. INJURY OCCURRED	21F. HOW DID INJU	of 707 S. Fre	mont Street
	OF INJURY (APPROX.)	6 13 '65	9:20	No.		22 Automatic	revolver
	22.	fy that I held on I	nauiry 🗌	Inspection Aut	opsy X and that on thi	is bosis, death in my o	pointon
				proved			_
	result	ed from: Notural co	uses A	Accident Suicide		Indetermined monner	
	ACTUAL	an	- 1		CHIEF MEDICAL EX		DATE SIGNED
	SIGNATU	RE 1 Y	ner	M.D.	ASSISTANT MEDICAL EX	(AMINER	
	EXAMINI				ASSOCIATE MEDICAL EX	XAMINER	6-14-65
	NAME (T			ISHER, M.D.			6-14-65
	BURIAL CREA AOVAL (Specify)	ATION, 238. DATE	23	C. NAME OF CEMETERY O	CREMATORY 23D. L	OCATION (City, tov	vn, or county) (Stote)
-	urial	6 TO /	E 1	Mount Auburn	D-7	+4 G: 1	\
	DATE REC'D	BY HEALTH DEPT.	248 NAME	OF REGISTRAR	24C. FUNERAL DIRECTOR	-timore City	ADDRESS
	IIIN 17	1965 00 0	LOT.	1 112	1 1	CP D	1:1
	JOH I	1000 Volval	1 E. Ja	Usey M. II	Nearah	X Coun	11 sur
VS	151-REV. 1/1/6	5	W	5 (2)	0 5 86.8	w wmon	Musmuy ?

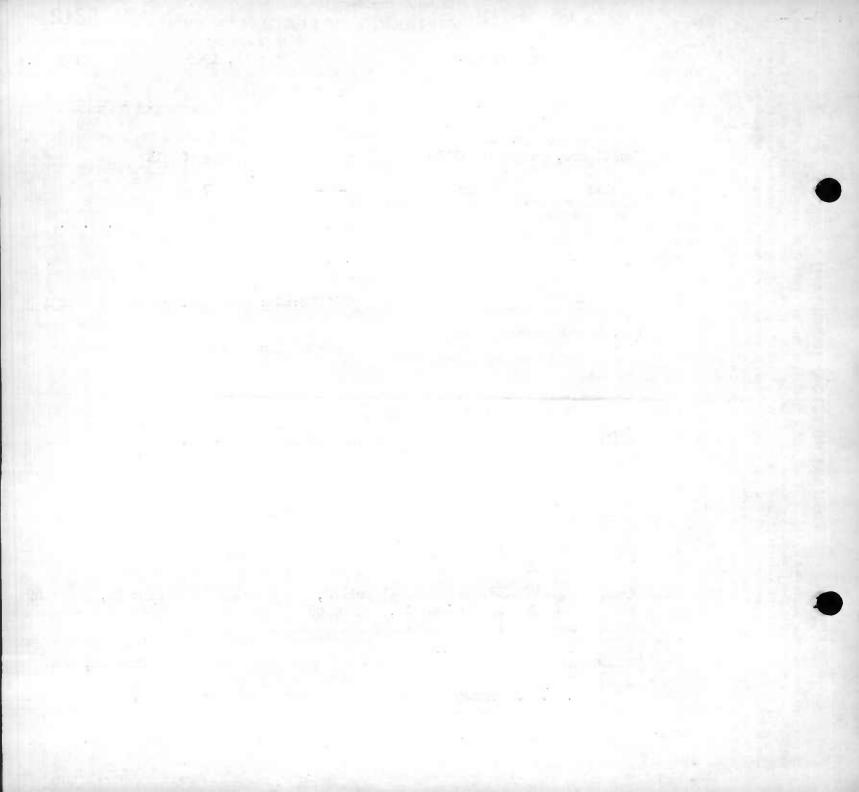
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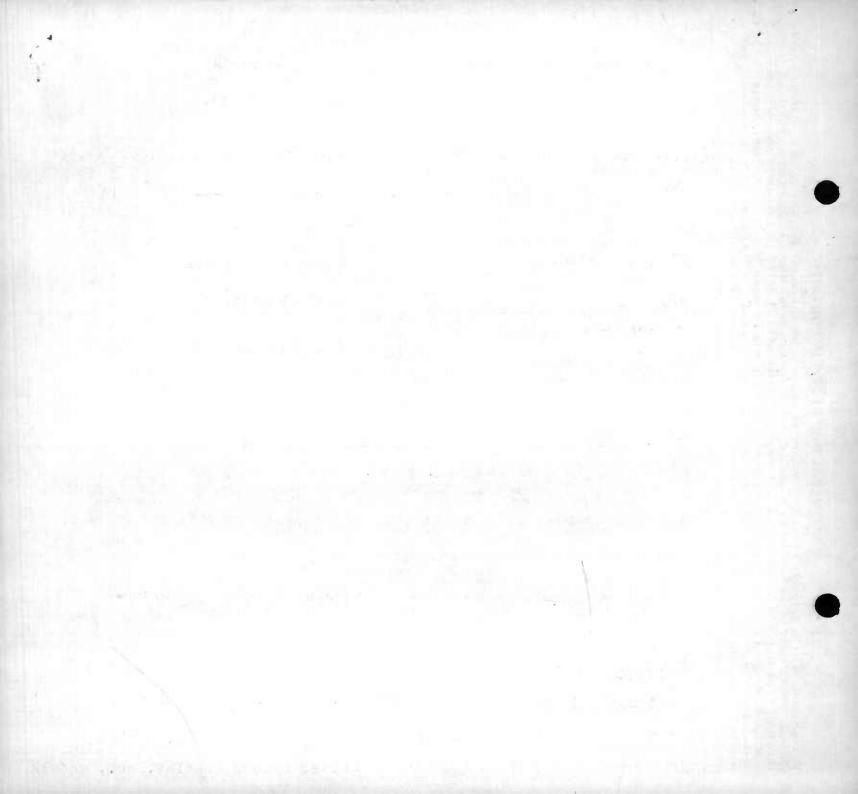
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		0017	BALTIMORE CITY	HEALTH DEPARTMENT		CE COAA
BIR	TH NO.	65 6311	CERTIFICA	TE OF DEATH	Registered Na.	60 6311
	E. CASE NO.			2 DATE 4	ND HOUR OF DEATH	
		MS. FiAlk	owski		12-65	3.05 A M.
3.	PLACE OF DEATH IN BALTIA			4. USUAL RESIDENCE (WH	ere deceased lived. If is	nstitution: residence before admission)
	HOSPITAL QR oddress	n hospital or institution, (ar location)	give street	MARYLAND C. CITY OR TOWN (IF of		RURAL and give township
17	NSTITUTION			BALTIMORE		
-	THE JOHNS HO	PKINS HOSP	HAL		f rusol, give lacation)	
				2007 EASTE	RN AVE	
5. :	SEX 6. RACE	7. MARRIED,	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
1	TALE WHITE	MARR	PEORCED (specify)	11-25-03	lost bighdoy)	Months Doys Hours Min.
	USUAL OCCUPATION (Give			11. BIRTHPLACE (State or for	reign country)	12. CITIZEN OF WHAT COUNTRY?
	e during most of working life, ever INERAL DIRECTOR		HOME	MARYLA	L AIM	U.S.A.
	FATHERS NAME	+ CMBACMERC	HUITE	14. MOTHER'S MAIDEN NA		a i Si i i
1	ILLIAM FIALK	UNCKI		MARY ZAM	IENSKI	
15.	Was Deceased Ever in U. S.	Armed Forces?	1 6. SOCIAL	17. INFORMANT (WI		ADDRESS
(Ye	s, no or unknown) (If yes, give	war ar dates af service)	SECURITY NO.	LAURA FIALKO	MICHI	007 EASTERN AVE
_	NO		CAUSE 0		B	ALTO, MO. 21231
	4000	ITON DIRECTLY				ONSET AND DEATH
	DISEASE OR CONDI		7/11	pravelial By	la strace	3 hours
	(This does not mean the	mode of dying, e.g.,	DUE TO	secretar vy	water!	
	heart failure, asthenio, etc.					
	ANTECEDENT	CAUSES	(B)		*****	
	DISEASES OR CONDITIO	ONS. if onv. giving	DUE TO			
	rise to the obove co	use (A) sloting the	(C)	<u></u>		
	UNDERLYING CONDITION	last,				
z	OTHER SIGNIFICANT CONE	DITIONS CONTRIBUTION	3			
ATIO	TO THE DEATH BUT I	NOT RELATED TO TH				
	19A. DATE OF OPERATION	198. CONDITION FOR V	WHICH OPERATION	20 A. AUTOPSY? (Yes or N		FINDINGS CONSIDERED
ERTIFIC	0	WAS PERFORMED		No	IN CERTIFYING CA	USES OF DEATH?
U	21 A. ACCIDENT WAS UND	ERLYING 218.	PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE DID lifice bldg., INJURY OCCUR?	(If in Boltimor	e City, give exoct lacotion)
CAL	DEATH (natify medical exami	iner) etc.)	e, idilli, locioty, sheel, o	orași, intokr occok:		
EDIC		y) (Yeor) (Haur) 21 E.	INJURY OCCURRED	21 F. HOW DID IN	IJURY OCCUR?	
ž	OF INJURY (APPROX.)	Whi	le At Not While			
	22 1				10.65	6/11/12 1065
	22. I certify that (数(this that (数(we) last saw the		ne deceased from	.10 1/0 /	19 65 to	inion death accurred an the date
	•		~ m \ 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			mion death accorred an the date
	23A. SIGNATURE	uses stored above.	(me) (did) (did=het)=\	view the bady after death	•	238, DATE SIGNED
	1	(1) -1/2	I Am M.D. AH	ending Med.	Stoff >	250. DAIL SIGNED
	(Leuns	Z. Muckly	Phy	s. Director	Phys.	6-12-63
	23C. PAYSICIAN'S NAME (Type)	0		23D. ADDRESS	1110 1100011	
L		QUICKEL	M.D.	JOHNS HOPK		
24/	A. BURIAL CREMATION, 248. REMOVAL (Specify)	DATE 24C. NA	ME of CEMETERY OF CR	0	LOCATION	ity, tawn, ar county) (State)
E	BURIAL 6	15-65 HOL	Y KOSARY	CEMETERY E	PALTO.	MD.
25/	A. DATE REC'D BY HEALTH I	1 7	A	25C. FUNERAL DIRECTO		ADDRESS 2/231
	JUN 17 1965 (Cobalt E. Ja	New Mill	Um. Fial	Kowski Z	007 Eastern av.

0







	00 0014	IT HEALTH DEPARTMENT	65 6314
1		ATE OF DEATH Registered No	
1. N	E. CASE NO. IAME OF DECEASED	2, DATE AND HOUR OF DEATI	4
(Ту	pe of Print) HARRY Reed Coahe	6-15-65	15-10
3.	PLACE OF DEATH IN BALTIMORE MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If	institution: residence before admission)
FI	RTIFICATE CORRECTED	A. STATE B. COUNTY	11
line i	FOLL NAME OF (If not in hospital or institution, give sheet oddress or location)	md. Darlingto	and Horrford Co.
i	Institution Little Sisters of the Pool	C. CITY OR TOWN (If outside city limits, write	RURAL and give lownship)
2	FITTE SISTERS OF THE COUR		6200
1	1200 VALLEY St.,	D. STREET ADDRESS (If rurol, give location)	
	Baltimore md 21202	U.S.#1	
5. 5	6. RACE 7. MARRIED, NEVER MARRIED WIDOWED DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years lost birthday)	If Under 1 Yr., If Under 24 Hrs. Months: Doys Hours Min.
	m Widowed	FEB. 23, 1874 91	
	USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUST		12. CITIZEN OF
don	e during most of working lile, even it retired)	· D md.	WHAT COUNTRY?
12	Farmer		13 //
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	200
	William CoAlE	mary agnes Kei	thley
15.	Wos Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INPORIVANT	VDDKE22
F	s, no or unknown) (If yes, give war or doles of service) SECURITY NO.	Little Sas of the Poor	1200 VALLE. S+
9	, to t		
	18.4 3 1 S.S.#215-12-11.18 CAUSE		ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	fiel	
	(This does not mean the made of dying, e.g., DUE TO	Prelmonory refer B. S. C. V. D.	ne
	heart failure, asthenia, etc. It means the disease,	BODI	
	injury as camplication which caused death.)	a.s. C.V. D.	
	ANTECEDENT CAUSES (B) DUE TO		
	DISEASES OR CONDITIONS, if any, giving	Semility - enturios	1
	rise to the above cause (A) stating the (C) UNDERLYING CONDITION last,	- John College	- 910LA
		· · · · · · · · · · · · · · · · · · ·	
z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
ATION	TO THE DEATH BUT NOT RELATED TO THE		
CA	DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES. WERE	FINDINGS CONSIDERED
CERTIFIC	WAS PERFORMED	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE IN CERTIFYING C	AUSES OF DEATH?
CER	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.	, in or about 21C. WHERE DID (If in Bottime	ore City, give exact location)
	OR CONTRIBUTING CAUSE OF home, form, foctory, street, DEATH (notify medical examinet)	office bldg., INJURY OCCUR?	,, ,
U			
MEDI	21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED OF INJURY	21F. HOW DID INJURY OCCUR?	
5	(APPROX.) While At Work At Wo	hile rk	
	22. I certify that (I) (this hospital) attended the deceased fram		6 (5 1965
	4 15	,	
			pinion deoth occurred on the dote
	and hour and from the couses stated above. (1) (We) (dld) (did not	view the body ofter deoth.	
	23A. SIGNATURE		23B, DATE SIGNED
	Honley (toxered of M.D.)	Med. Stoff Phys.	6.15.65
	23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS	
	NAME (Type) Charles Ankidas M.	D. 1802 W. BALtime	c+
2.1	DP. 314W.Cg MV.Cadd3		
24/	A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY of REMOVAL (Specify)		City, town, or county) (State)
"	BUriAl JUNE 17,1965 BEI Air MEMER	in Grandeus BEI Air, Harf	end Co., Manyland
25/	A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
	JUN 17 1965 R. O. A. 8 Fr. Ques	25C. FUNERAL DIRECTOR WIFE	Brondery & Cilliams of
VS	150-REV. 1/1/65	JOSEPH William Faster	1111 1111 1111 1111 51610
+ 3		AND THE PROPERTY OF THE PERSON	

V.S. 153 6-22-65 M.H.

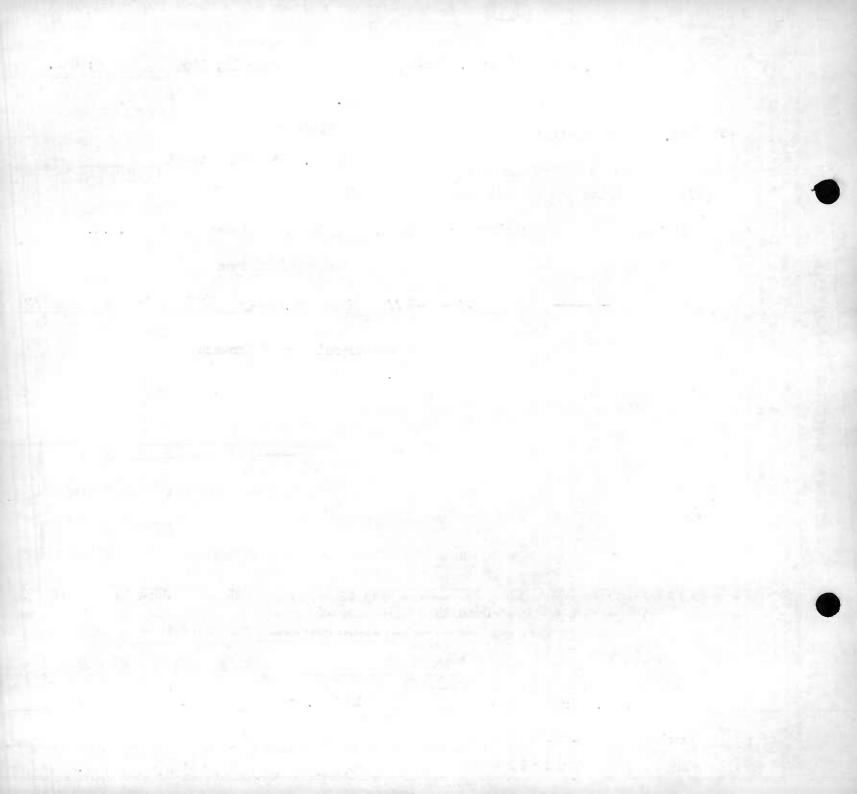
VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

Summer of newstrate

FUNERAL DIRECTOR: IMPORTANT

	65	6316	BALTIMORE CITY	HEALTH DEPARTMENT		65 6316
IRTH NO.	00	0010	CERTIFICA	TE OF DEATH	Registered No	
NAME OF DECEAS	SED			2 DATE AN	ND HOUR OF DEAT	H
(voe or Print)		10-6-	R Rod- 1			
PLACE OF DEATH	BAETZ, JOHN	ARYLAND	B. Baetz)	4 USUAL RESIDENCE (Who	e 14, 1965	9:50 P.
				A. STATE B. COUN	NTY	A 1
FULL NAME OF	(If not in hospital		ive street	Md.		
HOSPITAL OR	oddress or location	on)		C. CITY OR TOWN (If ou	tside city limits, write	e RURAL ond give township)
/ C+ Too	eph Hospita	.7		Baltimore 2	24	
30. 005	ebu mospius			D. STREET ADDRESS (If	rurol, give location)	
				728 S. Robin	son Stree	t
SEX 6.	RACE		NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr If Under 24
Male	White	Wide	, DIVORCED (specify)	7/18/86	lost birthdayl	Months Doys Hours Min
				11. BIRTHPLACE (State or fore		12, CITIZEN OF
	king life, even if retired)					WHAT COUNTRY?
Retired		America	n (an Company	Maryland, Bal	timore	U.S.A.
FATHER'S NAME				14. MOTHER'S MAIDEN NA	ME	
John Bo	20+2			Margaret St	nchen	
	er in U. S. Armed Fo	rces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
es, no or unknown! (If	yes, give wor or dot		SECURITY NO.			
No			212-09-5011	William G. Bae	tz 5407 S	pring Lake Lane#1
18. / /	Y - 1		CAUSE OF	DEATH	9	INTERVAL BETWEEN
DISEASE	OR CONDITION DI	RECTLY				ONSET AND DEATH
LE.	ADING TO DEATH		Ada	enocarcinoma of	Stomach	
(This does not	mean the made of	dying, e.g.,	DUE TO	MOOGE OFFICERS OF	Doomaon	
heart failure, ast	henia, etc. Il means	s the disease,				
injury or campli	calian which caused	d death.)				
AN	TECEDENT CAUSES	2	(B)			
DISEASES OR	CONDITIONS, if	any, giving				
	abave cause (A)	stating the	(C)			
UNDERLIING	CONDITION last.					
	ll l					
OTHER SIGNIFIC TO THE DEA DISEASE OR CO	ANT CONDITIONS (CONTRIBUTING ATED TO THI				
	NDITION CAUSING	IT.				
19A. DATE OF OI	PERATION 198. CON		WHICH OPERATION	20 A. AUTOPSY? (Yes or No	IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
19A. DATE OF OI				No		
OR CONTRIBUTION	WAS UNDERLYING	21 B.	PLACE OF INJURY (e.g., in	or obout 21 C. WHERE DID fice bldg., INJURY OCCUR?	(If in Boltim	ore City, give exact location)
DEATH (notify me		etc.)	s, tonn, rectory, andery or	nee biogi, into ki o dook.		
21 D. TIME (A	Agnth) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21F. HOW DID INJ	ILLRY OCCUPS	
OI HAJOKI	(teon		le At Not While		OK! OCCUR:	
(APPROX)		Wor				
22 5000164 44	at (1) (this bossies	I) ottended 4	e deceased from M	av 22	19 65 to	June 14 165
that (I) (we) lo	st sow the deceos	ed olive on d	rue Tt	19 65ond th	not in (my) (our) o	pinion deoth occurred on the
ond hour ond fr	om the couses sto	ted obove. (1	(We) (did) (did not) v	iew the body ofter deoth.		
23A. SIGNATURE	1	1 11				23 R. DATE SIGNED
111	an I	1 41	AM M.D. Atte	nding Med.	Stoff Phys.	6/14/65
200		1/2	Phy:	. Director	Phys.	0/14/02
NAME (Type				3D. ADDRESS		
	an G. Gan		M.D.	1400 N. Carol:	ine Street	
A. BURIAL CREMA	TION, 248. DATE	24C. NA	ME of CEMETERY or CRE			City, town, or county) (Stat
REMOVAL (Spec	sify)					
Burial	6-18-			emetery 74	01 German H	ill Road Balto. 22
SA. DATE REC'D BY	HEALTH DEPT.	DSR. NAME O	E-REGISTRAR	25C. FUNERAL DIRECTO	5 . 901	S.C.O. U.K. ADDRESS
JUN 17	1965 (Rolew)	0 E, Ja	View Mills	Valante X	Lailer TOI	ALTA SISSE ST
150-REV. 1/1/65	, 4 kg - 1	1		The state of the s	They D'	in lui, ald by, bl
				1 1 1 1 1	1	



3.	PLACE OF DEATH IN	N BALTIMORE, MARY	AOR8E	4. USUAL RE	SIDENCE (Where	SOAM 6 re deceased lived. If in	13/65 Institution: residence before admiss
rior to deat	FULL NAME OF HOSPITAL OR INSTITUTION	(If not in hospital ar oddress ar location) Mary lar	institution, give street		Pyla NO TOWN (If aut A 1 1 / M DDRESS (If a	BAHIM	RURAL and give township)
S E	SEX M 6. RA		MARRIED, NEVER MARRIED WIDOWED, DIVORCED (speci	4/2	3-97	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Manths Doys Hours N
dece	RETINE		Millwork		MAIDEN NAM		WHAT COUNTRY?
ce on the	Was Deceased Ever s, no or unknown! (If ye	BE ING	? 16. SOCIAL SECURITY NO.	17. INFORMAL	NT	Stacha	rowski Address
in regular attendans are embalmed or	(This does nat me heart failure, asthe injury or camplical ANTE	CONDITION DIRECTIONS TO DEATH ean the made of dynia, etc. It means the lian which caused de CEDENT CAUSES ONDITIONS, if any ave cause (A) st NDITION last.	(B) DUE T	Bleen in Sepsis	g Ulcer	. Copernter	ONSET AND DEATH
physician was fore the remain	TO THE DEATH	65 WAS PERFOR	TO THE TON FOR WHICH OPERATION TIMED TO THE TON THE	(e.g., in or obout 21 C.	PSY? (Yes ar Not	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH? City, give exact location)
N O	DEATH (natify media	CAUSE OF	While At No		HOM DID INTI	URY OCCUR?	
. 9 E	22. I certify that	(I) (this hospital) o	ttended the deceased fram	1 2 1	-	9 0 5 to	G-/3 19 63
); and (6)	and hour and from		obave. (I) (We) (did) (did	not) view the body	ofter deoth.		
(extep)); and (6) e obtaine			obave. (I) (We) (did) (did			Stoff Phys.	6/13



written approval must be obtained before the remains are embalmed or final disposition is made.

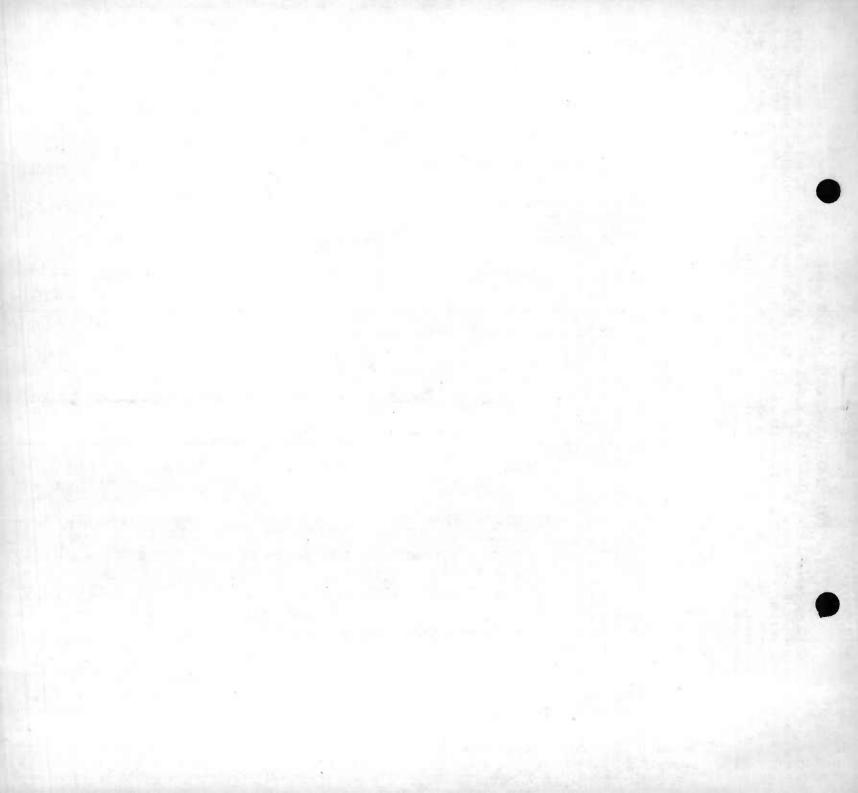
VS

TH NO.	65	6318	CEDTIEICA	TEO	DEATH	Registered No	65 6248
E. CASE NO.	()()	OCIAC	CERTIFICA	TE O	0		00 0010
pe or Print)	KLINE,	GEORGE	F.			NE 14, 19	
PLACE OF DEA	TH IN BALTIMORE, MAI	RYLAND		4. USUA A. STATE	RESIDENCE (Whe	re deceosed lived. If	institution: residence before odmission)
FULL NAME O HOSPITAL OR INSTITUTION	F (II not in hospital a oddress or location		give street		YLAND OR TOWN (If ou	tside city limits, writ	e RURAL ond give township)
7	ST. AGNE	S HOSE	ITAL		TIMORE		
				440		rurol, give location)	#29
SEX	6. RACE	7. MARRIED,	NEVER MARRIED	B. DATE C		9. AGE (In years	
MALE	WHITE	MARRI	and any		5-84	lost birthdoy) 81	Months Doys Hours Min.
	JPATION (Give kind of work working life, even if retired)	10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTH	PLACE (State or lore	gn country)	12. CITIZEN OF WHAT COUNTRY?
RETIRE			- H	UNTII	NGTON, PI	ENNA	U.S.A.
FATHERS NAM		D 1 777 773	777		ERS MAIDEN NA		
UTHER	(DECID)	R. KTIV	E	RE	BECCA MI	LLER (DEC'D)
	Ever in U. S. Armed Ford (If yes, give wor or dates		SECURITY 1 3.	17. INFOR	MANT		ADDRESS#29
NONE	DOMEST 1		705-10-1805	ST.	AGNES HO	DSPTIAL; C	ATON & WILKENS AV
1B. 45	1X1		CAUSE C	F DEATH			INTERVAL BETWEEN ONSET AND DEATH
DISEAS	E OR CONDITION DIR	ECTLY			^ . A .		
	al mean the made of		(A) DUE TO	loru	e auce	rois	L
	asthenia, etc. 11 means			+			
,	ANTECEDENT CAUSES			arl	riosele	rau	**************************************
DISEASES C	R CONDITIONS, if	iny, giving	DUE TO				
	abave cause (A) CONDITION last,	slaling the	(C)			~~~~ x ~~ x x x x x x x x x x x x x x x	0 V T T T T T T T T T T T T T T T T T T
	11						
	FIGANT CONDITIONS CO						
DISEASE OR	CONDITION CAUSING IT	•		120.4	HEODEVA /V No.	N OOD IF WEE MED	T THE PAGE OF THE
19A. DATE OF	WAS PERF		VHICH OPERATION	20A. A	No.	IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIBU	TING CAUSE OF medical examiner	21 B. hom etc.)	PLACE OF INJURY (e.g., i e, lorm, foctory, street, o	n or about a	IC. WHERE DID NJURY OCCUR?	(II in Boltim	ore City, give exoct locotion)
21 D. TIME OF INJURY	(Month) (Doy) (Year)	(Hour) 21E	INJURY OCCURRED	-	IF. HOW DID INJ	URY OCCUR?	
(APPROX.)		Whi	le At Not While At Work				
22. I certify	that (1) (this hospital)			JUNE	10	7 - 10 -	UNE 14 19 65
that (1) (we)	last saw the decease	d alive an	JUNE 14	19	65 and th	at in (my) (aur) a	pinion death accurred an the date
	from the causes state						
23A. SIGNATU		0 1	1			10, 419, 1	23B. DATE SIGNED
(armen I	-10 TI	M.D. Att	ending	Med. Director	Stoff Phys. X	6-14-65
23C. PHYSICIA NAME (T		, march		23D. ADDR			
	CARMEN FR	ATTO	M.D.	ST. A	GNES HOSE	PITAL; CAT	ON & WILKENS AVE.
A. BURIAL CREA	MATION, 24B. DATE	24C. N	ME of CEMETERY of CR	EMATORY	24D. L	OCATION	City, town, or county) (State)
Burial	6-17-65	Lori	aine Park		0-83	Woodlawn, 1	Maryland
A. DATE REC'D	LOOM A	. 947	F REGISTRAR		UNERAL DIRECTOR		ADDRESS
JUN 17	1965 Robert	E. 4a	See M.A.	How	ard H. Hub	bard-4107	Wilkens Ave-21229
150-REV. 1/1/6	55	4			17		

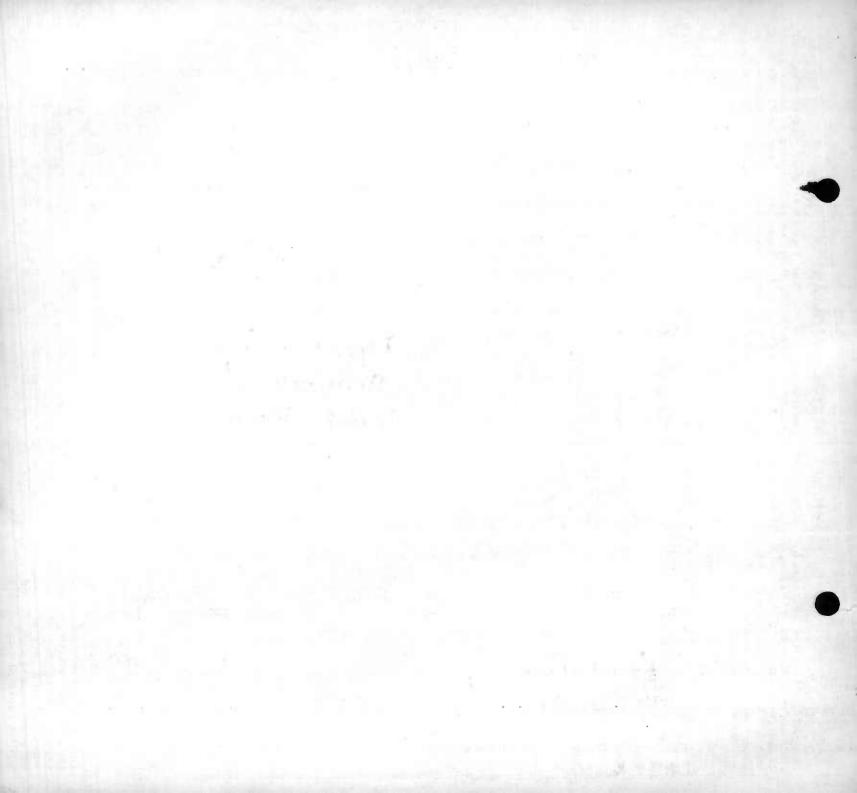
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IMPORTAN

FUNERAL DIRECTOR:



M.E. CASE NO. I.NAME OF DEATH IN BALTIMORE, MARTI AND S. PLACE OF DEATH IN BALTIMORE, MARTI AND FIGURE NAME OF CONTROL OF Interest of the Control of Co	818	RTH NO. 65 6320 CEDITICATE OF DEATH Registered No.
Type or Final T. PLACE OF DEATH IN BATHMORE, MARK AND T. STATE T. MARKET ADDRESS	M.	A.E. CASE NO.
FULL NAME OF HOSPITAL OR OR HOSPITAL	Ту	PLACE OF DEATH IN BALTIMORE, MARYLAND JAVIS G-10-65 7 P.M.
D. STREET ADDRESS (III route), yes, Josephan (Junger Price) 10. USUAL OCCUPATION(Give kind of work) [OR. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or Jonega Country) 11. MOTHER'S MAJOR NAME 12. CAUSE OF DEATH 13. PATHER'S MAJOR NAME 15. Was Deceased Res in U. S. Anneaf Forces? 15. Was Deceased Res in U. S. Anneaf Forces? 16. SOCIAL 17. INFORMANT 18. COUNTRY 18. COUNTRY 19. ADDRESS 18. Was Deceased Res in U. S. Anneaf Forces? 19. DISEASS OF CONDITION DIRECTLY LEADING TO DEATH CHARLED BY THE SOUNIFICATION OF STATE OF THE ST		FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddross or location) A. STATE B. COUNTY C. CITY OF TOWN (If guitaid city limits with PUPA) and give town town.
1. MARRIED, NEVER MARKED 2. MARRIED, NEVER MARKED 2. DATE OF BIRTH 2. ACE OR years Members Months	1:	B. STREET ADDRESS (If rurol, give/accotion)
TO THER SIGNIFICANT CONDITION IS. Content of the	5.	SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years /) If Under 1 Yr., If Under
15. WED Deceased Even in U. S. Armed Faircas? Vest. no or unknown (If yes, give wor or dokes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT		DA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
(12 - 12 - 12 - 13 - 14 - 14 - 14 - 14 - 14 - 14 - 14	13.	3. FATHERS NAME 14. MOTHERS MAIDEN NAME
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode at dying, e.g., heart foliuse, astheria, etc., It means the disease, injury ar complication which caused death,) ANTECEDENT CAUSES DISEASES OR CONDITIONS, it ony, giving rise to the obove cause (A) stating the UNDERLYING CONDITION tools. OF THE DEATH SONDITION TO THE DEATH SONDITION FOR WHICH OPERATION DISEASES OR CONDITION TO THE DEATH SONDITION FOR WHICH OPERATION OF THE DEATH SONDITION TO THE DEATH SONDITION FOR WHICH OPERATION 19A. DATE OF OPERATION 19A. DATE OF OPERATION 19A. DATE OF OPERATION OF CONTRIBUTING CAUSE OF OPERATION OF CONTRIBUTING CAUSE OF OPERATION OF CONTRIBUTING CAUSE OF OPERATION OF INJURY OCCUR? OF INJURY (APPROX.) 21D. TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED OF INJURY OCCUR? OF INJURY (APPROX.) 22. I certify that (T) (this hospitol) ottended the deceased from 5/15/65 19 to 6/10/65 that (A) (we) lost sow the deceased olive on 6/10/65 ONSET AND MAD. Attending Month of CONTRIBUTION Alternating Month of Control of	15. (Ye	S. Was Deceased Ever in U. S. Armed Forces? (es, no or unkgown) (Iff yes, give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT H. M Ly ADDRESS ADDRESS
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE OTHER SIGNIFICANT CONDITION CAUSING IT. OTHER SIGNIFICANT CONDITION RELATED TO THE OTHER SIGNIFICANT CONDITION RELATED TO THE OTHER SIGNIFICANT CONDITIONS CONSIDERED OR CONTRIBUTING CAUSE OF DEATH? NO DEATH (nosity medical examiner) OTHER SIGNIFICANT WAS UNDERLYING 198. CONDITION WHICH OPERATION OR CONTRIBUTING CAUSE OF DEATH? OF CONTRIBUTION OF CONTRIBUTION OF DEATH OF CAUSE OF DEATH? OF CONTRIBUTION OF CONTRIBUTION OF DEATH OF CAUSE OF THE CONTRIBUTION OF THE CONTRIBUTION OF THE CONTRIBUTION OF THE CONTRIBUTION OF THE CONTRIBU		LEADING TO DEATH (This does not mean the mode of dying, e.g., heart loiture, astheria, etc. It means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, it any, giving rise to the above cause (A) stating the (C) Diabetis Mellitus
19A. DATE OF OPERATION 19R. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED NO 19R. CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING CAUSE OF CONTRIBUTING CAUSE OF CAUSE OF CONTRIBUTING CAUSE OF CAU	ATION	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer) 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID homo, form, foctory, street, office bldg, lot.) 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURED OF INJURY (APPROX.) 22. I certify that (his hospitol) ottended the deceased from 5/15/65 19 to 6/10/65 that (We) lost sow the deceased olive on 6/10/65 19 ond that in (We) (our) apinion death occurred on the new of from the couses stated above. (I) (We) (did) (did nat) view the body offer deoth. 23A. SIGNATURE M.D. Attending Med. Stoff Phys. (Signature) 23D. ADDRESS NAME (Typel B. Francis, M.D. 24A. BURIAL EREMATION, REMOVAL Specify) A BURIAL EREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY A COIDENT MERC DID (If in Boltimore City, give exact locotic homo, or obout 21C. WHERE DID (If in Boltimore City, give exact locotic homo, or obout 21C. WHERE DID (If in Boltimore City, give exact locotic homo, or obout 21C. WHERE DID (If in Boltimore City, give exact locotic homo, or obout 21C. WHERE DID (If in Boltimore City, give exact locotic homo, or obout 21C. WHERE DID (If in Boltimore City, give exact locotic homo, otc.) 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCUR? While At Not While At Work At Homo in or obout 21C. WHERE DID (If in Boltimore City, give exact locotic homo, otc.) At Work		19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 19B. CONDITION FOR WHICH OPERATION NO 120B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
While At Work 22. I certify that (A) (this hospital) attended the deceased from 5/15/65 19 to 6/10/65 that (A) (we) lost sow the deceased above. (I) (We) (did) (did nat) view the body ofter death. 23A. SIGNATURE Attending Med. Oiroctor Physician's NAME (Type) 23C. PHYSICIAN'S NAME (Type) Earlie H. Francis, M.D. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY REMOVAL (Specify) At Work Not While At Work At Work 19 to 6/10/65 19 ond that in (A) (our) apinion death occurred of the course of the cour	U	J 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact locotion) homo, form, foctory, street, office bldg., INJURY OCCUR?
that (X) (we) lost sow the deceased alive on 6/10/65 19 ond that in (X) (our) apinion death occurred and above. (I) (We) (did) (did nat) view the body ofter death. 23A. SIGNATURE M.D. Altonding Med. Oiroctor Stoff Phys. (X) 6/10/65 23C. PHYSICIAN'S NAME (Type) Earlie H. Francis, M.D. 23D. ADDRESS M.D. 1213 Light Street. Baltimore, Md. 2123(24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY (City, 16 wn, of county) REMOVAL (Specify) (-) 5-6 S	MEDI	While At Not While
23A. SIGNATURE M.D. Attending Med. Oiroctor Stoff Phys. 23C. PHYSICIAN'S NAME (Type) Earlie H. Francis, M.D. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY REMOVAL (Specify) 23B. DATE SIGNED 6/10/65 23D. ADDRESS M.D. 1213 Light Street, Baltimore, Md. 2123(24A. DURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24O. LOCATION (City, 16wn, of county) (City, 16wn, of county)		that (X) (we) lost sow the deceased alive on 6/10/65 19 and that in (X) (our) apinion death occurred on
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24O. LOCATION (City, town, or county) 25 County Coun		23A. SIGNATURE Carlied trans M.D. Attending Med. Stoff Phys. 23B. DATE SIGNED 6/10/65 23C. PHYSICIAN'S NAME (Typel
25A. DATE REC'D BY HEALTH OEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR AODRESS		AA. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 240. LOCATION (City, town, or county) ABURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 240. LOCATION (City, town, or county)
	25/	54. DATE REC'D BY HEALTH OEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS



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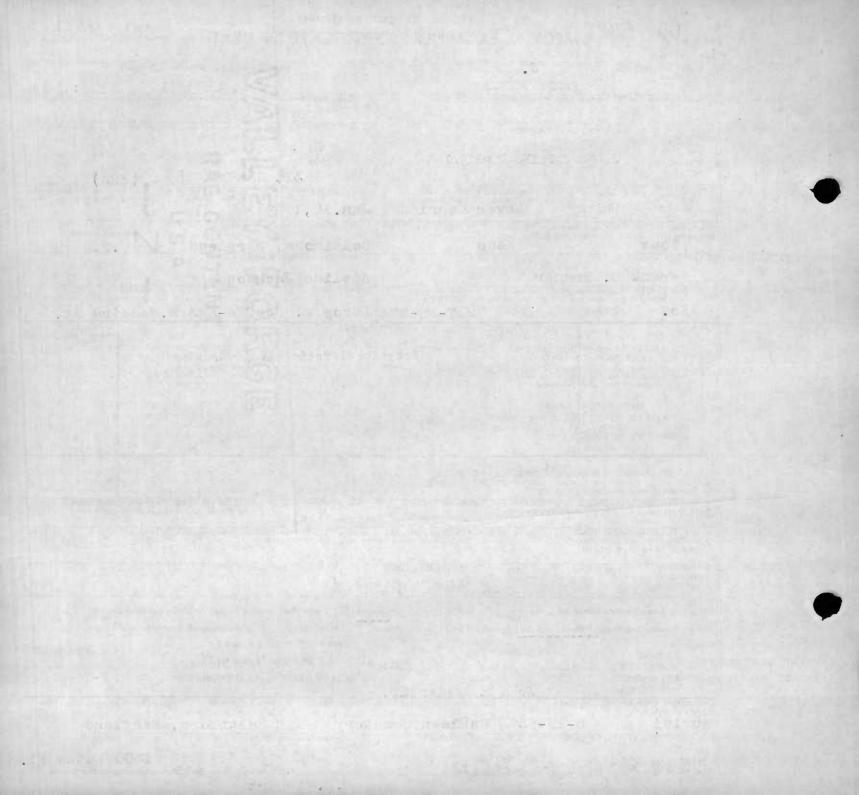
BALTIMORE CITY HEALTH DEPARTMENT

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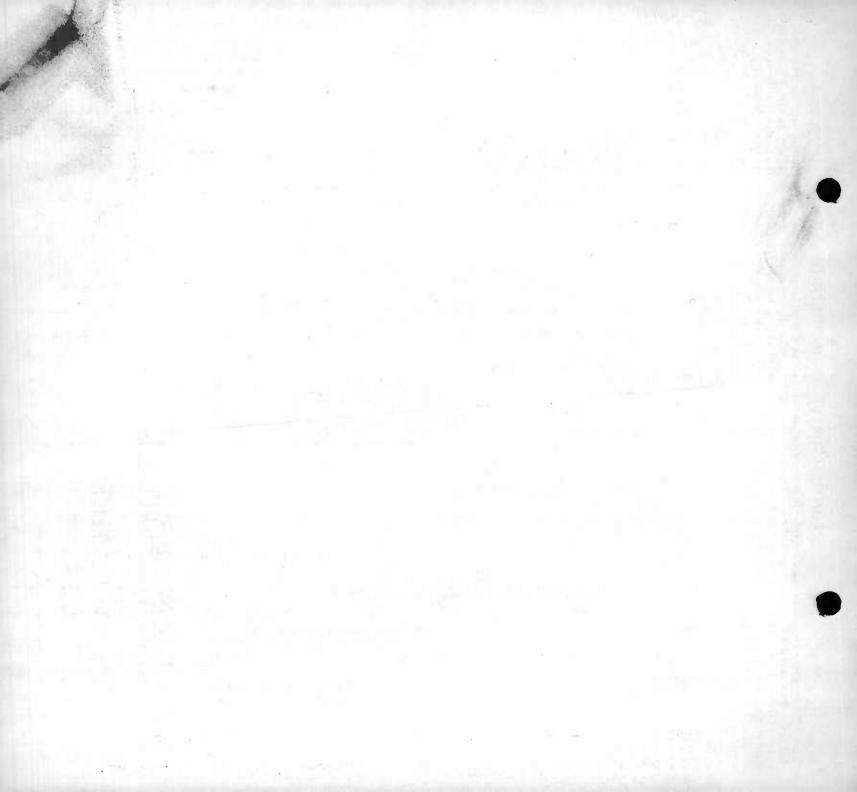
MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

M.	E. CASE NO.								
1.	NAME OF DE	CEASED	J.			2. DATE AN	D HOUR PRONOUN	CED DEAD	
,	pc 01 1111111	FRANK	BEDNAR			Ju	ne 15, 196	5	5:45 Pm.
3. F	LACE IN BALT	IMORE, MARYLAND, WI	HERE PRONOU	NCED DEAD	4. USUAL RESI A. STATE	DENCE (Where	deceased lived. If in	stitution: resid	dence before odmission)
FU I	LL NAME OF	(IF NOT IN HOSPITA ADDRESS OR LOCA		TION, GIVE STREET	C. CITY OR TO		e corporote limits, y		nd give township)
2	2	JOHNS HOPK	TNS HOS	፲ ፻፹ልፕ		altimore		10	<u> </u>
1	9	O OILIO HOLK	LIND HOD.	TITVL	D. STREET ADI				
							deira Stre		23)
5. \$	Male	White	WIDOWED, I	NEVER MARRIED DIVORCED (specify) Married	Jan. 17		9. AGE (In years lost birthday) 41		1 Yr. If Under 24 Hrs. Doys Hours Min.
			TOB KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE	(State or foreig	n country)	12. CITIZE	N OF T COUNTRY?
don	None None	working life, even if retired)	None		Baltime	ore, Ma	rvland		S.A
13.	FATHER'S NAM	NE .			14. MOTHER'S	MAIDEN NAM	E		0.11
5.0		k C. Bednar				e Jacks	on	4 8 8 8 8 8	
		D EVER IN U.S. ARMED		16. SO CIAL SECURITY NO.	17. INFORMANT			ADDRESS	
	No.	******	*****	217-22-974	Leroy	J. Stef	fe-823 N	. Madei	ra St.
	18.	22/1			OF DEATH				INTERVAL BETWEEN ONSET AND DEATH
		SE OR CONDITION DI		Anton		L			סוושבו אווט טבאווו
	(This does	LEADING TO DEATH		(A)	roscieroi	Lic card	iovascular		
	heart foilure injury or co	not meon the mode of , osthenio, etc. It meons mplication which caused (the discose, death.)	00110			disea	se	
		ANTECENDENT CAUSE	S	/ D)					
		OR CONDITIONS, IF A		DUE TO					
		NG CONDITION LAST.	AING THE						
N				(C)					*************************
CERTIFICATION	TO THE	II NIFICANT CONDITIONS DEATH BUT NOT REL R CONDITION CAUSING	ATED TO T				•		
ERT		OPERATION 198. CON	DITION FOR V	WHICH OPERATION	20A. AUTOPS	Y? (Yes or No)	208. IF YES, WERE		
	2	WAS PER			Ye		IN CERTIFYING CA		
MEDICA	UNDERLYING	L CAUSE WAS OR CONTRIB- ISE OF DEATH.	218. home etc.)	PLACE OF INJURY (e.g., form, foctory, street, o	ffice bldg., INJU	WHERE DID RY OCCUR?	(If in Boltimore City,	give exoct lo	cation)
2	OF INJURY (APPROX.)	(Month) (Day) (Year		VHILE AT NOT NOT WAT W		TON DID WILL	JRY OCCUR?		
	22.	tify that I held an I	nquiry 🗌	Inspection Aut	opsy 🛚 o	nd that on thi	is basis, death in	my apinia	1
	resu	ted fram: Natural cau	uses X A	ccident Suicld	Hamie	cide l	Undetermined man	ner	
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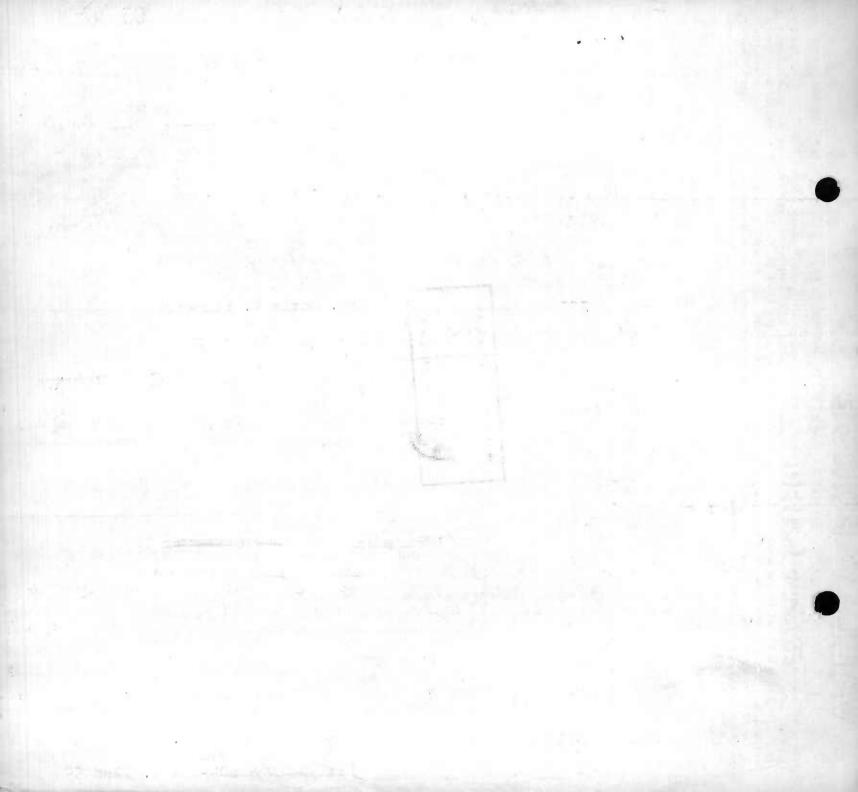
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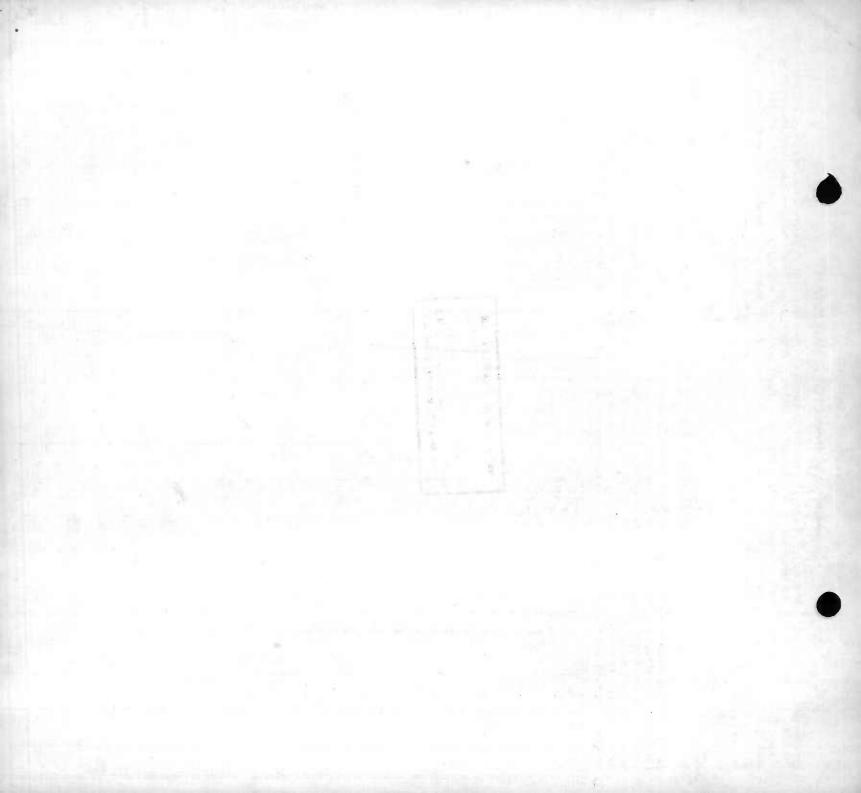
FUNERAL DIRECTOR: IMPORTANT

CITY HEALTH DEPARTMENT	05 0000
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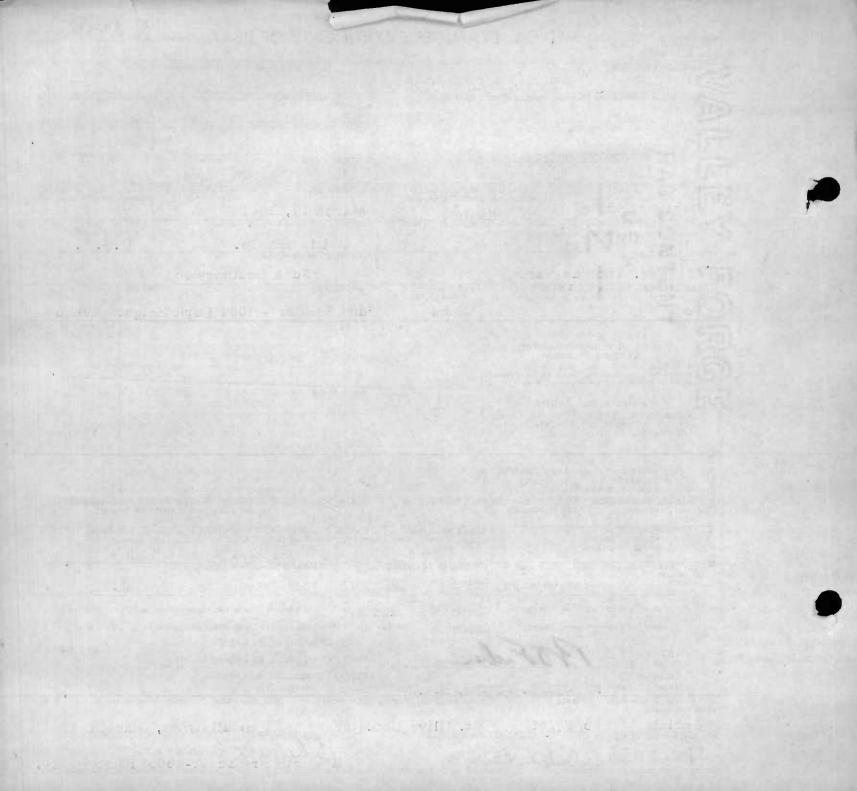


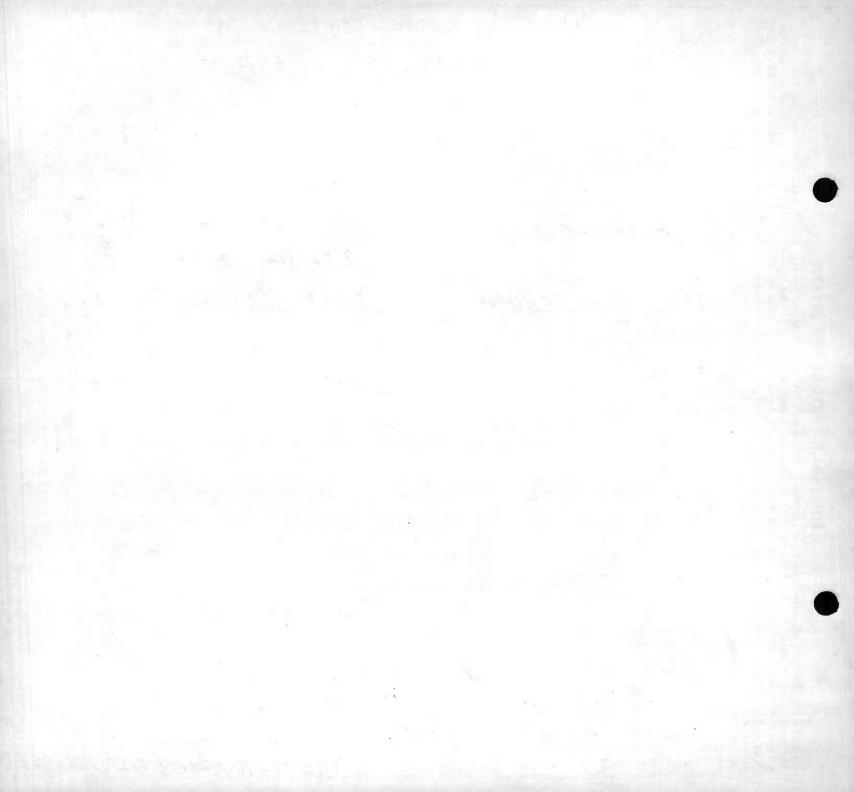
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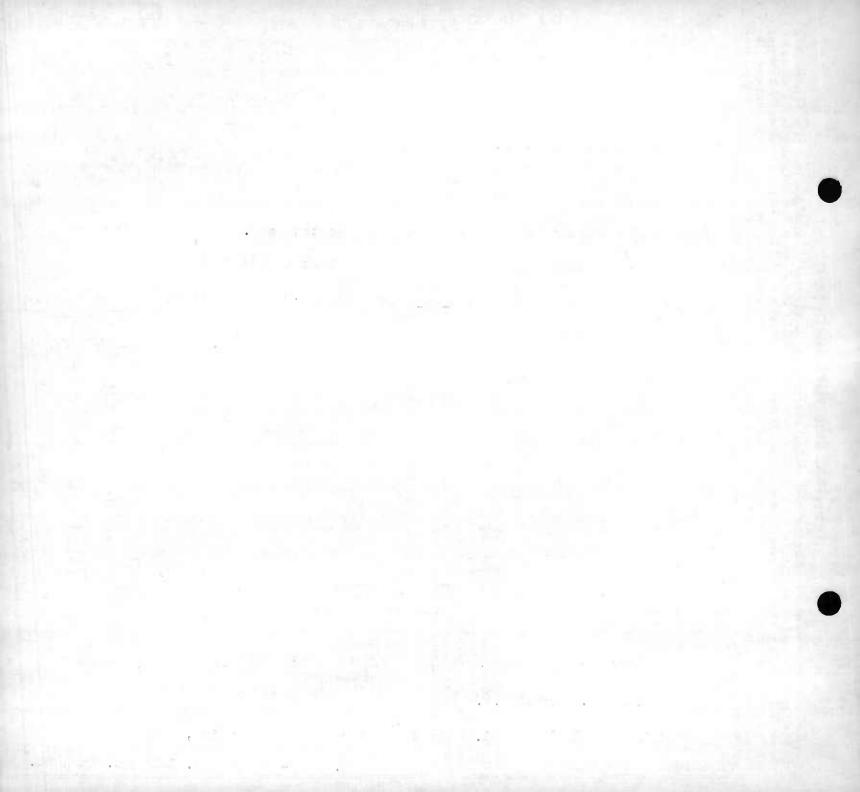
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3. PLACE IN BALT	IMORE, MARYLAND, W	HERE PRONOL	INCED DEAD	4. USUAL RESIDENCE (Where A. STATE Mary land	deceased lived. If institu B. COUN	tion: residence before admission)
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Si	las Teffer	RSON -	Yost	MURRI	44	
	D EVER IN U.S. ARMED		16. SO CIAL SECURITY NO.	17. INFORMANT		ADDRESS
No			NONE	ANNA JAMAI	105-1904/1	UNDEST RIA
18.	21.			E OF DEATH		INTERVAL BETWEEN
DISEA	SE OR CONDITION DI	DECTI V				ONSET AND DEATH
Dista	LEADING TO DEATH		Arter:	iosclerotic cardi	ovascular	Service 17 To bu
(This does heart failure	not mean the made of , asthenia, etc. It means	dying, e.g.,	DUE TO		diseas	se
injury or ca	mplication which caused	deoth.)				
	ANTECENDENT CAUSE	S				
DISEASES	OR CONDITIONS, IF A	NY, GIVING	(B)	***************************************		
	IE ABOVE CAUSE (A) ST NG CONDITION LAST.	TATING THE				
Z			(C)			
O THE	II NIFICANT CONDITIONS DEATH BUT NOT RE	LATED TO TO			REAL SERVICE	
DISEASE O	R CONDITION CAUSING		WUICH OBERATION	DOA AUTOROV2 (V N-)	200 IE VEC WERE SINE	DINGS CONCIDENCE
1 1	OPERATION 198, CON WAS PER		WHICH OPERATION	No No	IN CERTIFYING CAUSE	
UNDERLYING	L CAUSE WAS OR CONTRIB- SE OF DEATH.	21 B. hame etc.)	PLACE OF INJURY (e.g., , farm, foctory, street,	in or about 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Baltimare City, give	exact locotion)
21D TIME OF INJURY (APPROX.)	(Manth) (Day) (Year	v	TE. INJURY OCCURRED	WHILE WORK	JRY OCCUR?	
22. 1 cer	tify that I held on I				is bosis, deoth in my	opinion
resul	ted from: Natural ca	uses X A	coldent Suici	de Homicide	Undetermined monner	
	MA	1 1		CHIEF MEDICAL EX		
ACTUA SIGNAT		C:/4	Com M.C	ASSISTANT MEDICAL EX		DATE SIGNED
EXAMIN NAME (John	E. Adams. M.	ASSOCIATE MEDICAL E	XAMINER	6 -1 6-65
23A. BURIAL CRE	MATION, 23B DATE		C. NAME OF CEMETERY		OCATION (City, to	own, or county) (State)
BURIAL BURIAL	6-19-6	5 E	LENDALE (emetery Sou	th Charlest	EN, West Wil
24A. DATE REC'D		248. NAME	OF REGISTRAR	24C. SUPERAL DIRECTOR	amacot	4600 Liberty
JUN 17	1965 R. Cab	E, Joh	Des The R	ELLSworth	HRMACOST-	HGhts Ave-
VS 151-REV. 1/1/	65	1 15 1	E' EV C	Se en en en en		

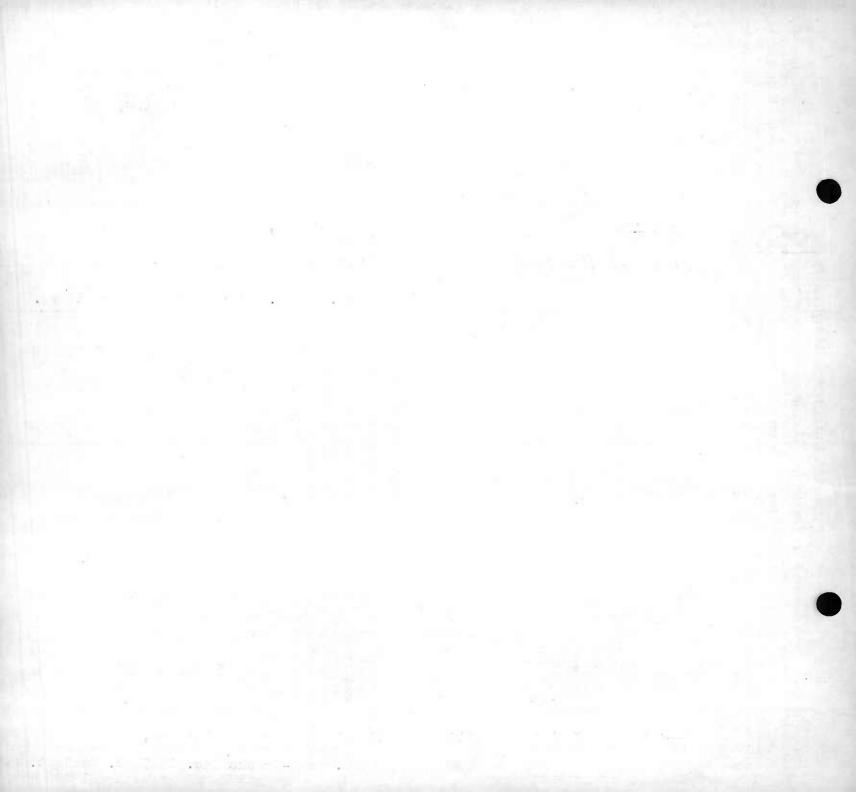
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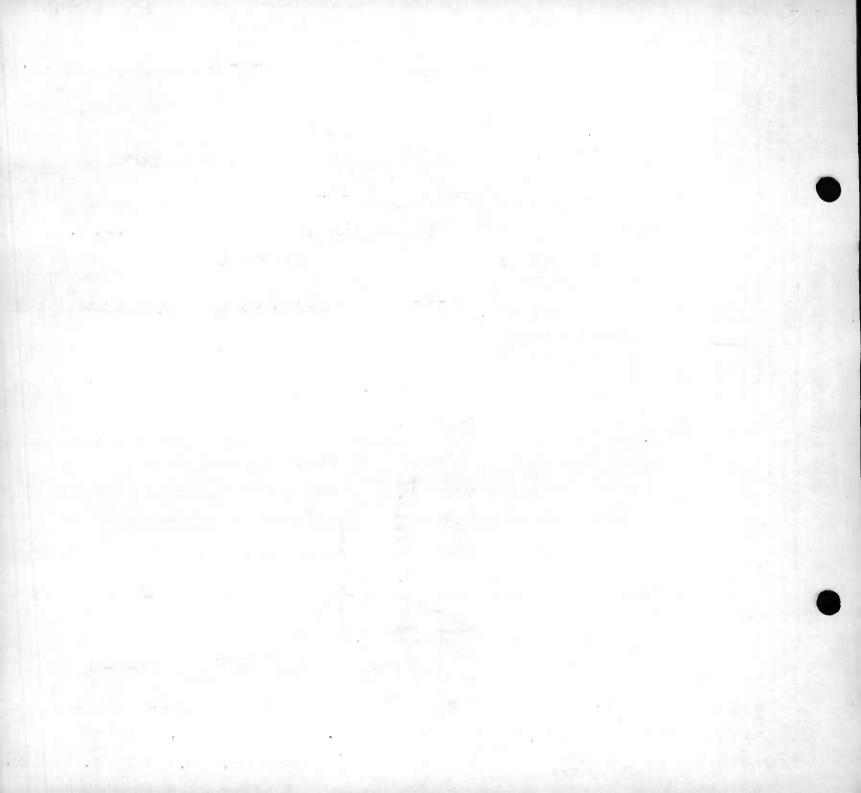




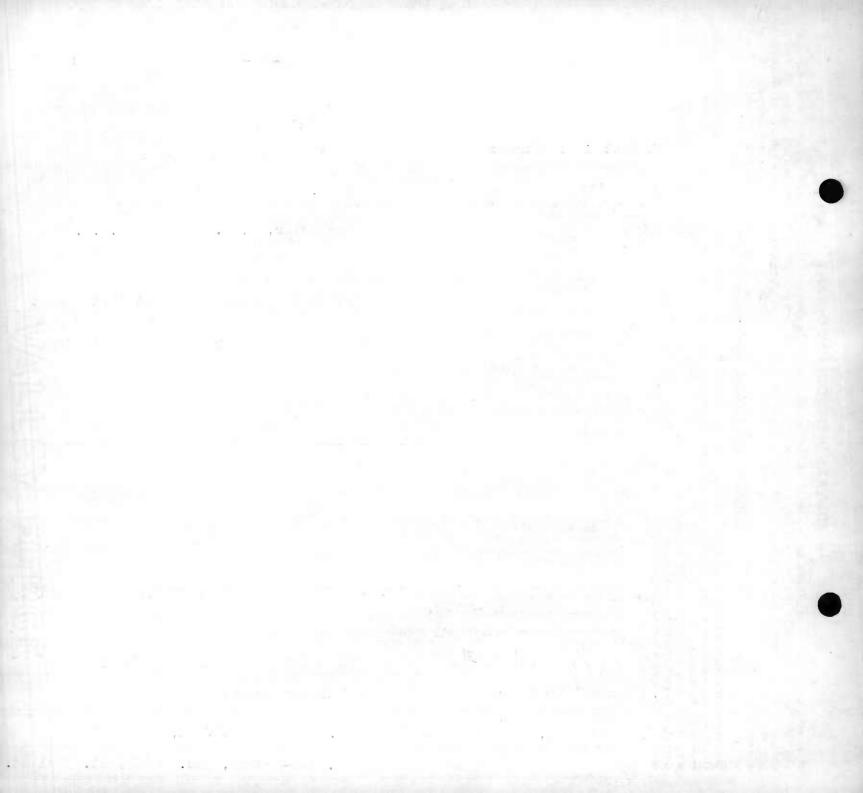
0	BALTIMORE C	ITY HEALTH DEPARTMENT		5 6328
BIRTH NO.	5 6328 CERTIFIC	ATE OF DEATH	Registered Na.	5 6328
M.E. CASE NO.	021(1111)		ND HOUR OF DEATH	
(Type or Print)	= CDIVED	TUNT		651 1:30 P,
3. PLACE OF DEATH IN BALTIMORE M		4 '	1	tution: residence before admission
s react or Death in Dathmong A	an cano	A. STATE 8. COUN	ITY	Tution; residence before damissio
	ol or institution, give street	MARYLA	ND	9-16
HOSPITAL OR oddress or locot	ion)	C. CITY OR TOWN (If ou	tside city limits, write RU	RAL and give township)
/	THE RESIDENCE OF THE PARTY OF T	BALTIMO	ORE	
MONTEBELLO	STATE HOSPITA	D. STREET ADDRESS (If	rurol, give location)	e1
	3.410	11114 6. 2	19th St. #1	8
5. SEX 6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hr Months: Doys Hours Min.
+ W	WIDOWED, DIVORCED (specily)	9-1-04	lost birthdoyl	Months Doys Hours Min.
OA. USUAL OCCUPATION (Give kind of we				12, CITIZEN OF
done during most of working life, even if retired				WHAT COUNTRY?
TELEPHONE OPERA	TOR	Boston Mass	5.	U.S.A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
Shaw		Bertha TA	ANNER	
5. Was Deceased Ever in U. S. Armed F	orces? 16. SOCIAL	17. INFORMANT	10-1-	ADDRESS
(Yes, no or unknown) (If yes, give wor or do	otes of service) SECURITY NO.		DECARNE	MONTEBELL
40	212-22-689	6 HOSPITAL	RECORDS	FIOR ICISELLE
18. 170 X	CAUSI	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION D	DIRECTLY	4	1	ONSET AND BEATT
LEADING TO DEAT	H (A)	Carcinoma,	13 reast c	1 4 years
(This does not meon the mode		22		
heart failure, asthenia, etc. It mear injury or complication which couse		mett	sittises	
ANTECEDENT CAUSI				The state of the s
	DUE TO		r to de de de de de de la la la la la la la la la de 	
DISEASES OR CONDITIONS, if				A PROPERTY OF THE
rise to the obove couse (A UNDERLYING CONDITION lost.) sloling the (C)			
OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING			
TO THE DEATH BUT NOT RE	LATED TO THE			
	NOTION FOR WHICH OPERATION	[20A. AUTOPSY? (Yes or No	20B. IF YES, WERE FIN	IDINGS CONSIDERED
	RFORMED		IN CERTIFYING CAUS	ES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	218 PLACE OF INITION	g., in or about 21 C. WHERE DID	(II in Beltimers /	City, give exect location)
OR CONTRIBUTING CAUSE OF	home, larm, loctory, street	, office bldg., INJURY OCCUR?	ui in politimore	wily, give exoct (oconon)
DEATH (notify medical examiner)	etc.)			
O 21D. TIME (Month) (Doy) (Yeo	Hour 21 E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
OF INJURY (APPROX.)	While At Not			
TOTT NOW!	Work L At W	1	Λ	
22. I certify that (1) (this haspit	ol) attended the deceased fram	June 2,	1965 to 1/2	ine 15 1965
that (1) (we) last saw the decea		- V	C 2//	on death accurred on the do
	6 01		or many again	on death decorred on the de
	ated abave. (1) (We) (did) (did na	t) view the bady after death.		
23A. SIGNATURE			/ 2	3B. DATE SIGNED
Elsa (C.	merani, 7D M.D.	Attending Med. Phys. Director	Stoll Phy s.	6/15/65
23C. PHYSICIAN'S		23 D. ADDRESS		-/-/
NAME (Type)		no sola	Rella ST	11 140%.
Elsa R. Me:	rani M.D.	.D. Manual	vin ola	u
24A. BURIAL CREMATION. 24B. DATE REMOVAL (Specily)	24C. NAME of CEMETERY of	CREMATORY 24D. L	OCATION (City,	town, or county) (Stote)
	65 Mt. Olivet C	emetery	redrick, Man	vland
Burial 6/18/		25C. FUNERAL DIRECTOR		ADDRESS
JUN 17 1965 R. Lee	258 NAME OF REGISTRAR			
JUN 17 1300 (16 Per		Wm. Cook-Bro	oks Inc. 12.	17 St. Paul St.
/\$ 150-REV. 1/1/65			4	21202





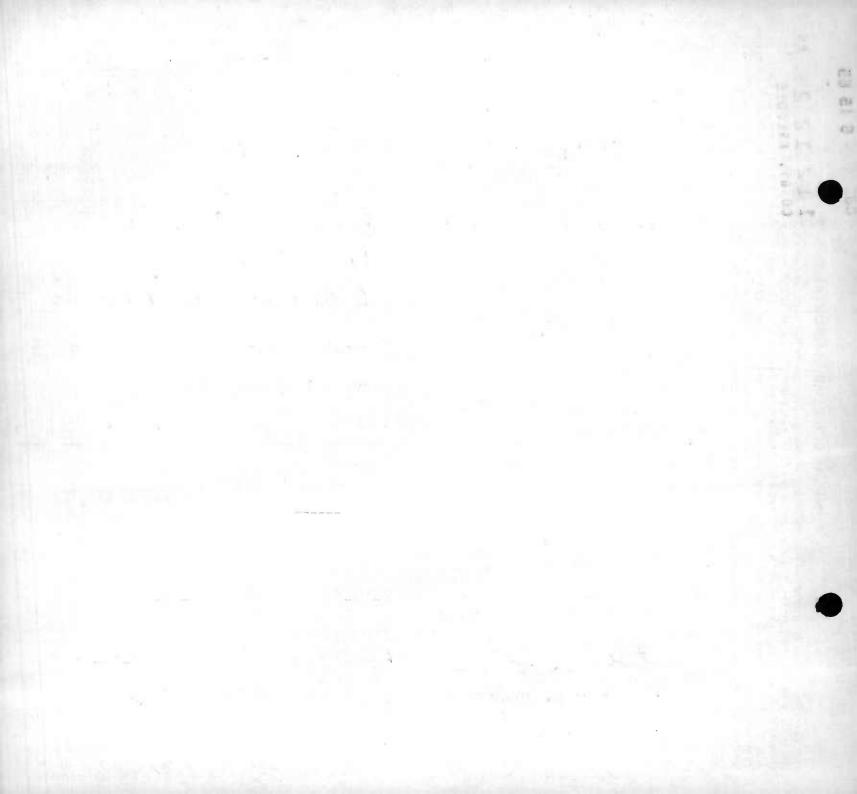


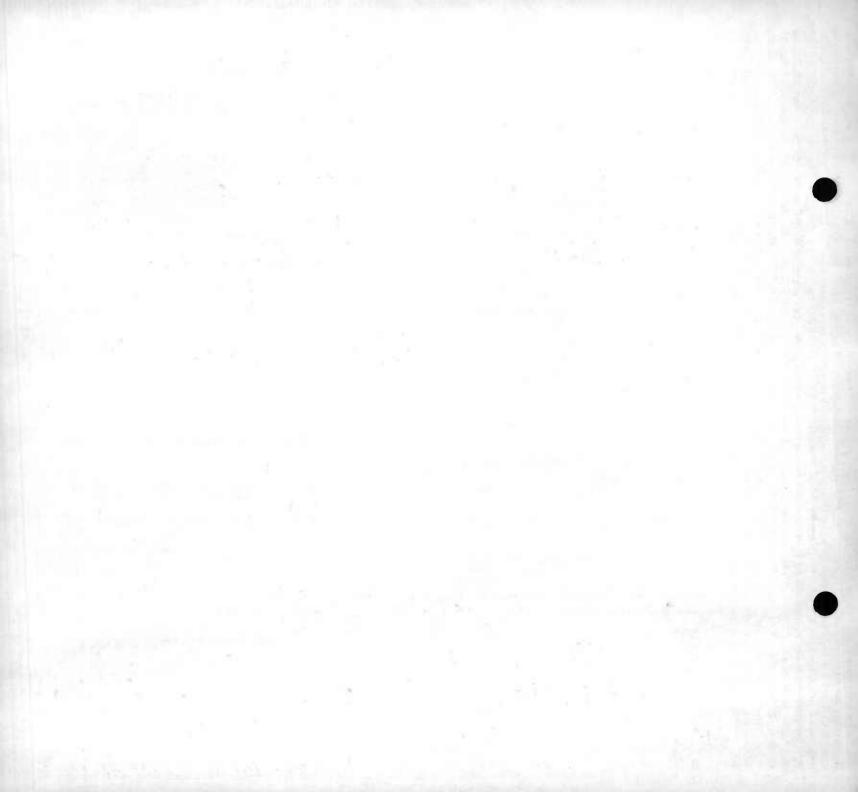
VS 150-REV. 1/1/65



This certificate must be approved by the chief medical examiner or his assistant if dear octured in the body was released to the hospital by a medical examiner. Also, if the direct of 600 Blyings 6019 shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendan deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to de written approval must be obtained before the remains are embalmed or final disposition is made.		6 g 6 g 6	
This certificate must be approved by the chief medical examiner or his assistant if dear ecturedangue body was released to the hospital by a medical examiner. Also, if the direct or 60 the direct or 60 the body was released to the hospital by a medical examiner. Also, if the direct or 60 the di		Se po o	
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This control of the base of th		4 y 0.00	L C
Thi the sho de de		S c bo	1116
		Thi the sho wa	3

		EASED				2. DATE AN	D HOUR OF DEATH	
1170	e er Print)		ie Cosb	V			5-65	4:35P
3. P	LACE OF DEA	TH IN BALTIMORE, MA		1	4. USUAL RESI	DENCE (When	e deceased lived. If in	nstitution: residence befere edn
H	ULL NAME O	F (If net in hespital	an impelement	and the state of	Maryla		"	7-15
H	OSPITAL OR	oddress er lecotion		give street	C. CITY OR TO		side city limits, write	RURAL end give tewnship)
5	43111011014				Baltin	nore		
5	The	Johns Hopkins	s Hospi	tal	D. STREET ADD	N. Broad	rurel, give lecetion)	
5. \$1	EX	6. RACE		NEVER MARRIED	B. DATE OF BIRT		9. AGE (In yeers lest birthdoy)	II Under 1 Yr. If Under 1 Months Deys Hours
TE	Male	Negro		dow (specify)	3-23-93		72	Total State of State
		JPATION (Give kind of work				(Stete or forei		12. CITIZEN OF WHAT COUNTRY?
done	3 1	verking life, even if retired)	1-1	ome	Bucking	ahou	Ca. VA	4,54.
13. F	FATHER'S NAM					MAIDEN NAM		1010
	Philir	Brown			Ly Sidne			
15 14		Ever in U. S. Armed Fer	?	1 6. SOCIAL	17. INFORMANT			ADDRESS
(Yes,	, no or unkne wn	(II yes, give wer or dete	s ef service)	SECURITY NO.	A .			
					H. WA	tkins	1817	N. Franklin
	1B. 45	/ X I		CAUSE	OF DEATH			INTERVAL BETWEE
	DISEAS	E OR CONDITION DIR	RECTLY					
	(This dans -	LEADING TO DEATH	duina	(A) I	Dissectin	ig Anui	rysm	2 days
	heort foilure,	ol mean the mode of osthenio, etc. It means	the disease,					
	injury or complication which coused death,)				Essential	Hyper	rtension	- 10
	ANTECEDENT CAUSES (B) DUE TO							
				DUE TO	*****************************	V F	. O O O com m O m m m O O O cordulum O deletelele m techne methileleteren	n mildhishara (1860-1866) n da 5 n 600-18 n n a tain a tain 6 n 6 6 n n 6 hay 6 n n a g
		R CONDITIONS, if	any, giving				500 am 2 m m 200 militar 5 kinini m nim militara.	
	rise to the	OR CONDITIONS, if obove couse (A) CONDITION lost.	any, giving				500 am 2 m m 200 militar 5 kinini m nim militara.	
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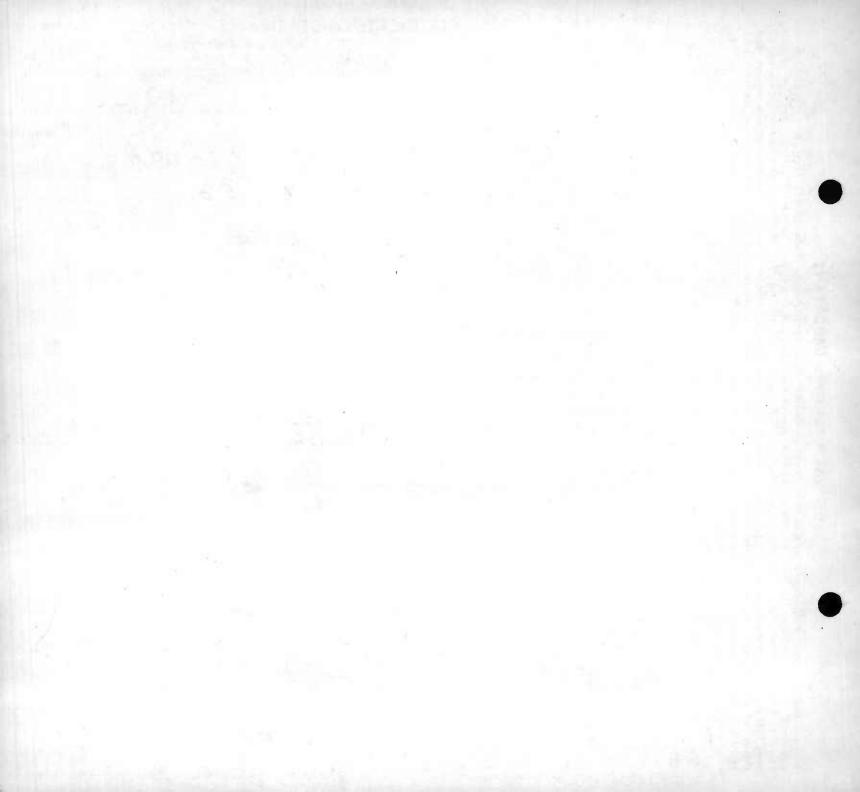


BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO.

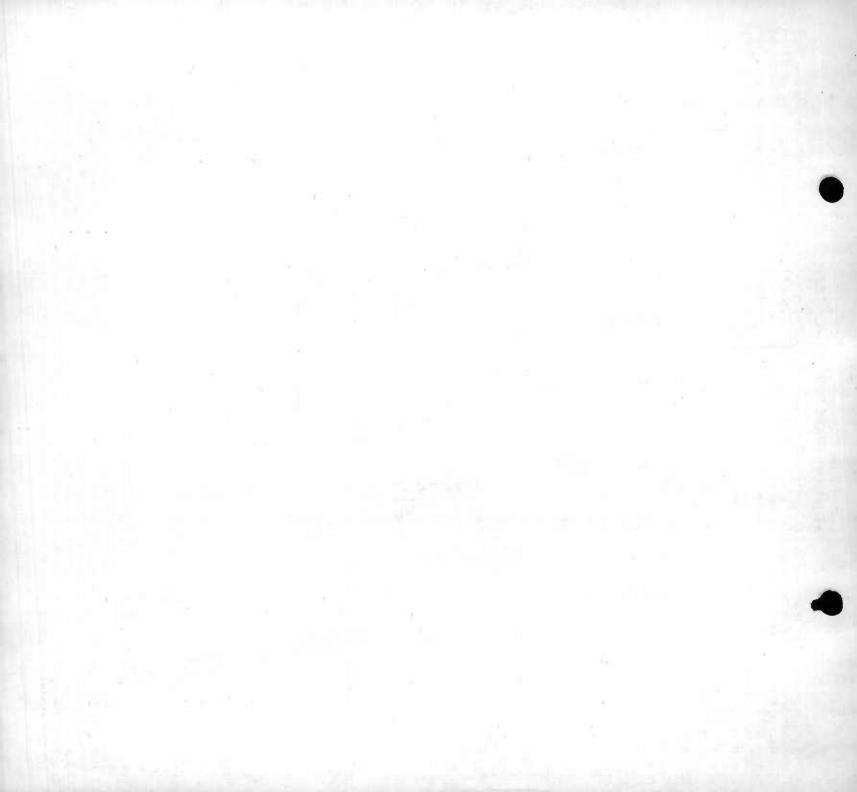
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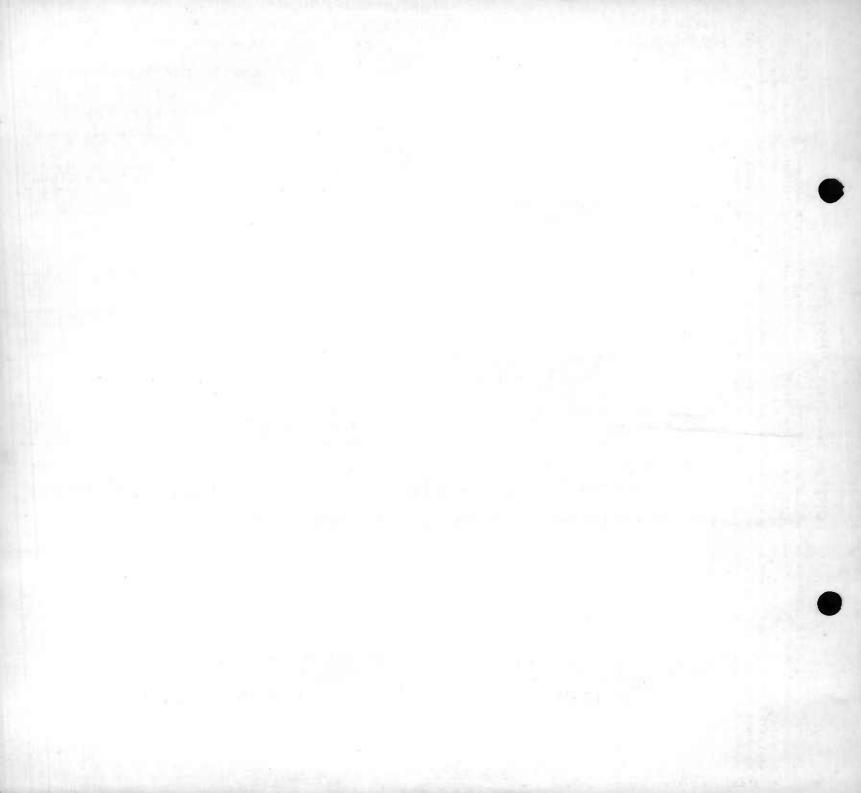
This certiticate must be approved by the chiet medical examiner or his assistant it death occurred in a hospital and	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of deatl	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceasec	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Sucl		
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his	.he	ho	Nas	Jec	written approval must be obtained before the remains are embalmed or final disposition is made.	
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FUNERAL DIRECTOR: IMPORTANT

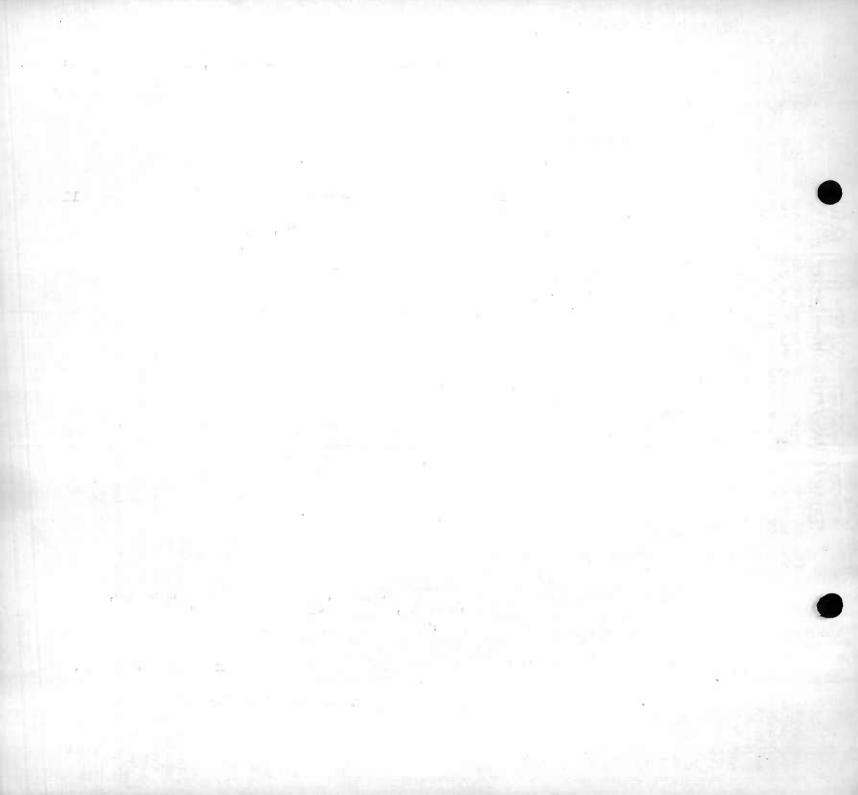
IRTH NO. A.E. CASE NO.	CERTIFICA	The second secon	Registered Na.		
NAME OF DECEASED		2. DATE A	D HOUR OF DEATH		
Type or Print) Charles Ric	hard Brown		June 16, 19	965 10:35	
PLACE OF DEATH IN BALTIMORE, MARYLAND	1010	4. USUAL RESIDENCE (Whe	re deceased lived. If i	965 10:35	
				ノナーソン	
FULL NAME OF (If not in haspital or instituted oddress or location)	tion, give street	Maryla c. CITY OR TOWN (If ou		PURAL and pive towards	
Provident H 1514 Divisi Baltimore, SEX 6. RACE 7. M	spital			KORAL one give township)	
	_	Baltim			
/			120 W. 21st. Street		
SEX 6. RACE 7. MAR	RIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 Months: Doys Hours M	
26 2	OWED, DIVORCED (specify)	Fob 30 1004	lost birthdoy)	Months Doys Hours M	
Male negro n OA, USUAL OCCUPATION (Give kind of work 108, KIN	narried D of Business or Industry	Feb. 10, 1904		12. CITIZEN OF	
one during most of working life, even if retired)	The state of the s			WHAT COUNTRY?	
PORTEY Re	STAURANT	Virginia		U.S.A.	
3. FATHER'S NAME	n	14. MOTHER'S MAIDEN NA	ME		
unknown Kr.	and Brown	unknown			
S. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS	
es,no arunknawn) (If yes, give war ar dates of serv		14	wife	same	
	212-03-7855	Margaret Brow	n-xxxx		
18. 15/XI	CAUSE C	F DEATH		ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY		Jan Diego Tille			
LEADING TO DEATH	(A) Term	inal Carcinoma	of Stomach	1	
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heart failure, asthenia, etc. II means the dise injury ar camplication which caused death.)	ease,				
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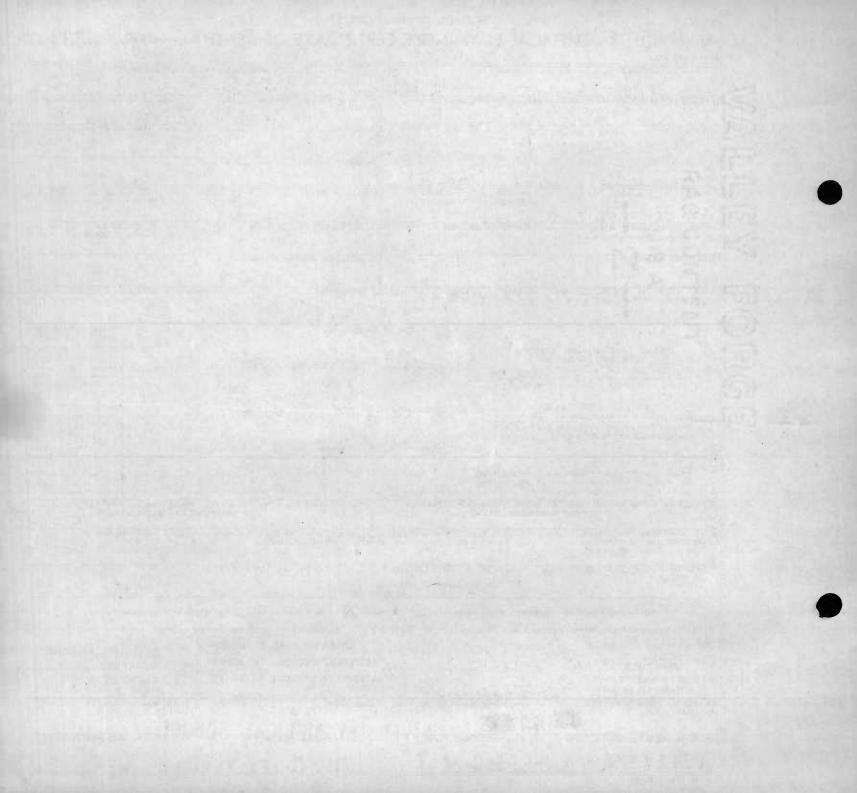




,	5-1541465	6338	BALTIMORE CITY	HEALTH DEPART	MENT	05 0000
BIRTH NO. () M.E. CASE NO.	12-12414		CERTIFICA	TE OF DE	ATH Registered !	No. 65 6338
NAME OF DE	CEASED			2	DATE AND HOUR OF DEA	ATH
Type or Print)	Bahy of	Margar	et Jackson		June 10, 19	965 1:00 a
PLACE OF DE	EATH IN BALTIMORE, M.	ARYLAND	et oackbon	4. USUAL RESIDE	NCE (Where deceased lived.	If institution: residence before odmissi
				A. STATE	B. COUNTY	217-611
FULL NAME			give street	Marylan		0004
HOSPITAL OR				C. CITY OR TOWI	N (If autside city limits, w	rite RURAL and give taw (ship)
7	Provident			Baltimo		
	1514 Divis			D. STREET ADDRE	SS (If rural, give lacation)
	Baltimore	Maryl	and	2213 W.	Baltimore St	reet
. SEX	6. RACE		D, NEVER MARRIED	B. DATE OF BIRTH		If Under 1 Yr. , If Under 24 I
Male	Negro	C3 -	ED, DIVORCED (specify)	(0 (5	lost birthdoy)	Months Days Hours Min
		rklion KIND C	ELE F BUSINESS OR INDUSTRY	6-9-65	tote or farcian country)	12. CITIZEN OF
	f working life, even if retired)				ioro or resergii coomiy,	WHAT COUNTRY?
				Baltimo	re, Maryland	USA
FATHER'S NA	ME			14. MOTHERS MA	AIDEN NAME	
Lann	Jackson			Managana	+ Maahhum	
	d Ever in U. S. Armed Fo	?	14 500141		t Mashburn	Apparer
es,na ar unknaw	(If yes, give war ar da	tes of service)	SECURITY NO.	17. INFORMANT		ADDRESS
18. 76	3 47		CAUSE O	F DEATH		INTERVAL BETWEEN
1 1	3.51	INFOTEN				ONSET AND DEATH
DISEA	LEADING TO DEATH			` + .	10000	
			(A)L	uls a Cras	weat treed	Land .
	not mean the made a , asthenia, etc. It mean		DUE TO			
	mplication which cause			0	rial bled	
	ANTECEDENT CAUSE	2	(B)	Vneum	ma	
DISCASSE			DUE TO	,		
	OR CONDITIONS, if he above cause (A)					
	IG CONDITION last.	Jidning III	(0)	*****		
	11					
OTHER SIGN	III	CONTRIBUTE	NG 2	atur to		
E TO THE	DEATH BUT NOT REL	ATED TO T	HE Trem	ann of		
DISEASE OF	F OPERATION 198. CO		WHICH OPERATION	20A. AUTOPSY?	(Yes or No) 20R IF VEC 141	ERE FINDINGS CONSIDERED
19A. DATE C		RFORMED	WHICH OF EXAMON		IN CERTIFYING	ERE FINDINGS CONSIDERED CAUSES OF DEATH?
	PAIT MARK HAVE THE PAIN TO SEE			Yes.		
OR CONTRIE	ENT WAS UNDERLYING		B. PLACE OF INJURY (e.g., i			imore City, give exact location)
	fy medical examiner	et				
0 21 D. TIME	(Month) (Day) (Year) (Haur) 21	E. INJURY OCCURRED	21 F. HOV	V DID INJURY OCCUR?	
S OF INJURY			hile At Nat While		. D.D HIVORI OCCUR:	
(APPROX)			ark At Wark			
22 1	y that (1) (this hospite	1) 0000-4-1	the deceased from	une 9.	19 65 to	June 10, 19 65
1.			June 10.	19 65	IY	
that (1) (we) last sow the deceas	ed olive an	oure Tol	19	and that in(my) (our)	opinion deoth occurred on the
and hour or	nd from the couses st	oted obove.	(I) (We) (dId) (did not) v	view the body afte	er death.	
23A. SIGNAT				,		23 B. DATE SIGNED
	MiBeh	ms-	M.D. Att	ending Me	d. Stoff	
	10	X	Phy	s. Dire	d. Stoff Phys.	June 11, 1965
23C. PHYSICI	AN'S	0		23D. ADDRESS		
1	. Behrooz		M.D.	1514 Di	vision Street	
	EMATION, 24B DATE	11040			A POT OUT BOLISE	AND
REMOVAL	(Specify)	240.1	AME of CEMETERS OF CR	TIPEDUAL	Dag locklow IV I I	(City) (Divn, ar county) (State
	JUN]	3 1965		CITAL BET	TRICIT CCHO	IOI
SA. DATE REC'	D BY HEALTH DEPT.	258 NAME	OF REGISTRAR	24C. FUNERAL	DIRECTOR L SCHOOL	ADDRESS
IIIN T	7 1965 (20	A D FA	Le Deu M. A.	MODT	HADY CERT	an nama
JUIT	TO TO TO THE	010,40	,	MUMI	UAKK SEKVI	CELL KEILL
S 150-REV. 1/1	/65	*				



05 0000-	BALTIMORE CITY HEAD			0000
BIRTH NO. 65 636MEI	DICAL EXAMINER'S C	ERTIFICATE OF	DEATH Registe	ored No5 6339
M.E. CASE NO.				
1. NAME OF DECEASED (Type or Print)	\II		AND HOUR PRONOUNC	ED DEAD
3. PLACE IN BALTIMORE MARYLAND,		IAMS S	-30 - 6	Litution: residence before apprission
or react in basining making,	WHERE PROMOTIVEED DEAD	A. STATE	B. 991	
HOSPITAL OR ADDRESS OR LOC	ITAL OR INSTITUTION, GIVE STREET	C. CITY OR TOWN (If our	side corporate limits, write	RURA ond give township)
INSTITUTION				
0		D. STREET ADDRESS (IF ru	rol, give location)	111
BALTIMORE (LITY JAIL			10-03
5. SEX 6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify)	B. DATE OF BIRTH	9. AGE (In years	Months Doys Hours Min.
Temale White			35	
IOA, USUAL OCCUPATION (Give kind of widdene during most of working life, even if retired	ork TOB. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
15. WAS DECEASED EVER IN U.S. ARM Yes, no or unknown) (If yes, give war or do		17. INFORMANT		ADDRESS
18.	CAUSE	E OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION	DIRECTLY	T		
(This does not mean the mode	TH (A) FAT	TY INFILT LIVER	RATION O	F
heart failure, asthenia, etc. It mea	on the disease,	LIVER		
ANTECENDENT CAU DISEASES OR CONDITIONS, IF	SES (B) CH	RONIC E	THYLISM	
RISE TO THE ABOVE CAUSE (A)	STATING THE			
UNDERLYING CONDITION LAST	(C)		••••••••••	
OTHER SIGNIFICANT CONDITION				
OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT I				
E DISEASE OR CONDITION CAUSIN	NG 1T.			
19A. DATE OF OPERATION 19B. CC	ENDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or N	o) 208. IF YES, WERE FI	SES OF DEATH?
21A. EXTERNAL CAUSE WAS	DIR BLACE OF INTURY	yes	Ut to Publication	YRS
UNDERLYING OR CONTRIB-	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	office bldg, INJURY OCCUR?	(If in Boltsmore City, gi	ve exoct locotion)
2				
OF INJURY	eor) (Hour) 21E. INJURY OCCURRED	21F. HOW DID IN	IJURY OCCUR?	
(APPROX.)	m. WHILE AT NOT	WHILE ORK		
22. I certify that I held an	Inquiry Inspection Au	topsy X and that an	this basis, death In n	ny opinion
resulted fram: Notural a				
resulted fram: Notural c	auses Accident Suicid		Undetermined mann	er 📋
ACTUAL (2)	me. 1.	CHIEF MEDICAL		DATE SIGNED
SIGNATURE	M.D	ASSISTANT MEDICAL		
EXAMINER'S NAME (Type)	SFICHER	ASSOCIATE MEDICAL	EXAMINER	5-31-65
23A, BURIAL CREMATION, 23B. DATE	28C NAME OF CEMETERY	CREMATORY A R 1 220	LOCATION LOW	town, or county) (State)
REMOVAL (Specify)	115771000	THE DOTAINE O		
24A. DATE REC'D BY HEALTH DEPT.	24B NAME OF REGISTRAL	RSITY MEDIC	AL SCHOOL	ADDRESS
	A 98 A	ST CHARLE BIRECT		NDDKE33
JUN 17 1965 P.O.	B. E. Farley M.A.	MORTUAR	LY SERVICE	DCHN.
VS 151-REV. 1/1/65		m P M		- DUIT



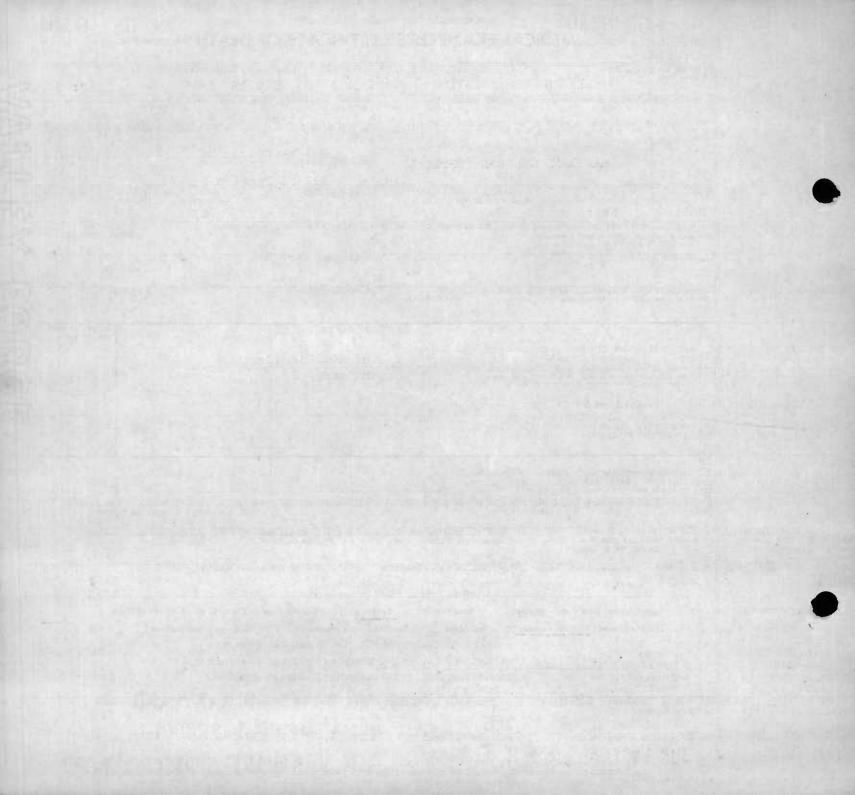
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

65 6340

M.	E CASE NO.									
1. (T)	NAME OF DE			(Rona:	ld L.		HOUR PRONOUNCE	D DEAD		
		CLIFORD			vis)		.7, 1965			P.M.
3.	PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONOL	INCED DEAD	4. USUAL RES	SIDENCE (Where d	leceosed lived. If institu	ution: residence	ce before o	dmi s sion
ШΗς	LL NAME OF	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITU	JTION, GIVE STREET	C. CITY OR T		corporate limits, write	RURAL ond	give townsh	nip)
		MARYLAND	GENERAL	HOSPITAL	D. STREET AD	1timore ODRESS (If rurol, p		0		
5.	SEX	6. RACE	7. MARRIED.	NEVER MARRIED	8. DATE OF BI		9. AGE (In years	If Under 1	Yr. If Unde	24 Hrs
_	Male			DIVORCED (specify)			lost birthdoy)	Months Do	ys Hours	Min.
11		Negro	k 108. KIND OF	BUSINESS OR INDUSTR	YII. BIRTHPLAC	F (State or foreign	47	12. CITIZEN	OF	1
do	e during most of	working life, even if retired)				E voice of lovergi	CO ONLY?	WHAT	OUNTRY?	
13.	FATHER'S NA	ME			14. MOTHER'S	MAIDEN NAME				
15.	WAS DECEAS	ED EVER IN U.S. ARMED	FORCES?	16. SOCIAL	17. INFORMAN	T		ADDRESS		
		(If yes, give wor or dote		SECURITY NO.	- Introduction			A D D KESS		
	18.	37X 1		CAUS	E OF DEATH	MURA			TERVAL BE	
	DISEA	SE OR CONDITION DI	RECTLY						TOLI AITD	DLAIII
		LEADING TO DEATH	1		vulsive	disorder				
	heart foilure	not meen the mode of	the disease,	DUE TO bra	in tumor					
	injury or co	implication which coused	deoin./					6000		
		ANTECENDENT CAUSI		(R)						
		OR CONDITIONS, IF A		DUE TO		••••••				· • • • • • • • • • • • • • • • • • • •
		NG CONDITION LAST.	TAMES THE							
∥ĕ				(C)						
F	OTHER SIC	II SNIFICANT CONDITIONS	CONTRIBUTION	16						
CERTIFICATION	TO THE	DEATH BUT NOT RE	LATED TO T	HE						
Z I		F OPERATION 198, CON		WHICH OPERATION	20A ALLTON	eva /v N-1 la	OD IF VEC WERE PINI	DINGS CON	CIDERED	
S	ITA, DATE O	WAS PER	FORMED	WHICH OPERATION			OB. IF YES, WERE FIN N CERTIFYING CAUSE Yes			
7		L CAUSE WAS	21 8.	PLACE OF INJURY (e.g., form, foctory, street,				e exoct locali	on)	
MEDIC	UTING CAL	OR CONTRIB-	home etc.)	, form, factory, street,						
1	OF INJURY	(Month) (Doy) (Yeo	r) (Hour) 2	IE. INJURY OCCURRED		HOM DID INJUI	RY OCCUR?	19 19		
	(APPROX.)		m. V	VHILE AT NOT	WHILE WORK					
	22. I cer	tify that I held an I	nguiry 🗌	Inspection Au	topsy 😾 o	and that on this	bosis, death in my	oplnion		
	resu	Ited from: Notural co	uses X A	ccident Suicid			ndetermined monner			
1		0		0		MEDICAL EXA				
	ACTUA		E. 19	belan M.C		MEDICAL EXA			DATE SIG	NED
	EXAMII NAME (NER'S	n E. Ada	ams, M.D.	ASSOCIATE	MEDICAL EX	AMINER .	5-	19-65	
	BURIAL CRE	MATION, 23B. DATE		C. NAME OF CEMETERY	OF CREMATORY	A 230-10	CATION	or count	ty) (Stote)
KE	MOVAL (Specif	" JUN	7 1985		The Carmer	1750				
24	A. DATE REC'D	BY HEALTH DEPT:	24B, NAME	OF REGISTRAR	R S 24C, FUN	ERAL DIRECTOR	L SCHOOL	ADD	RESS	
		7 1965 Role			1	00000	W			
	30N T	(1300 (Color	DE, 10	Theory and	M	ORTUAR	Y SERVIC	FR	CHID	
VS	151-REV. 1/1.	/65				1 ()				

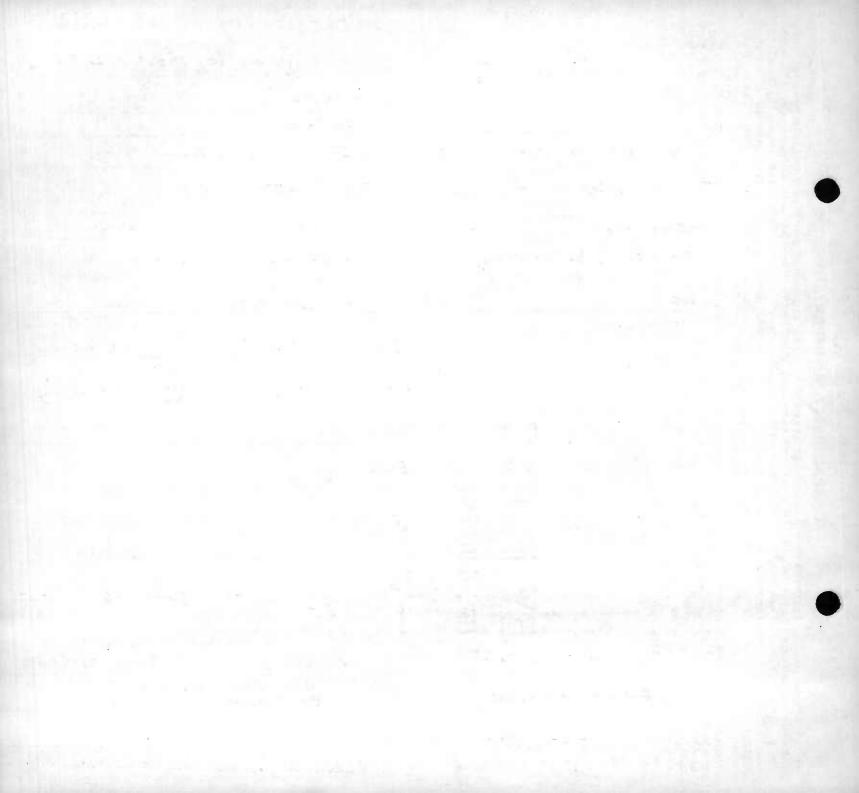


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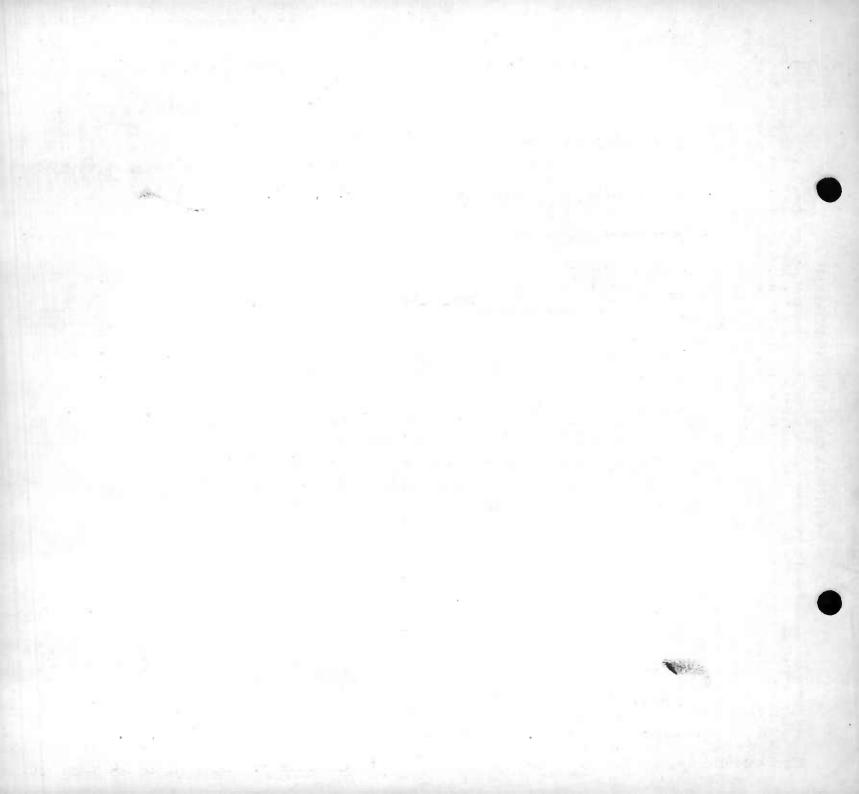
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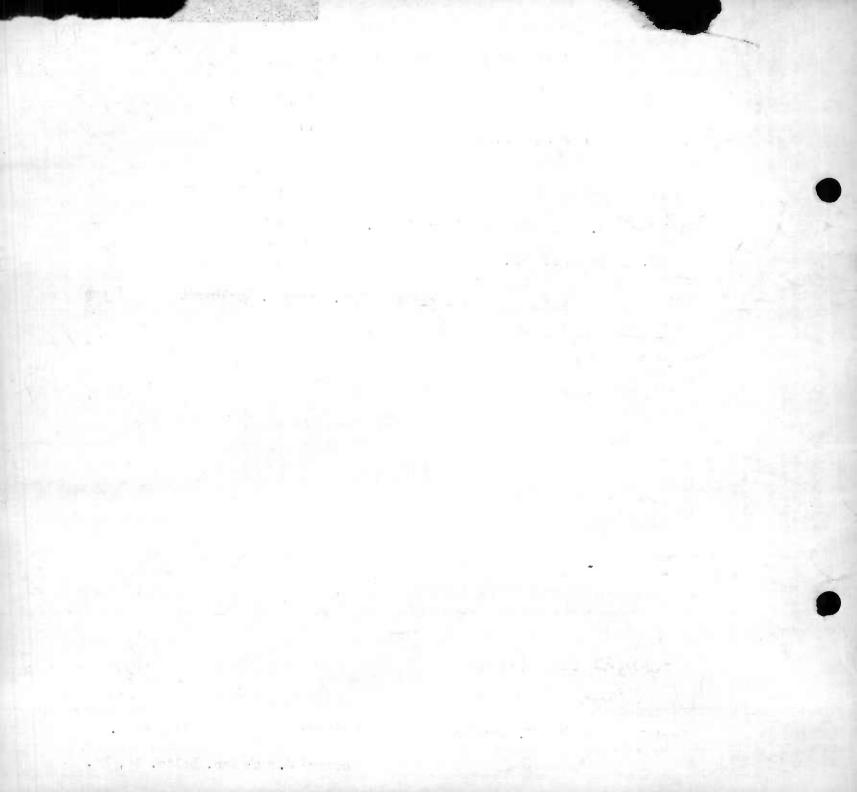
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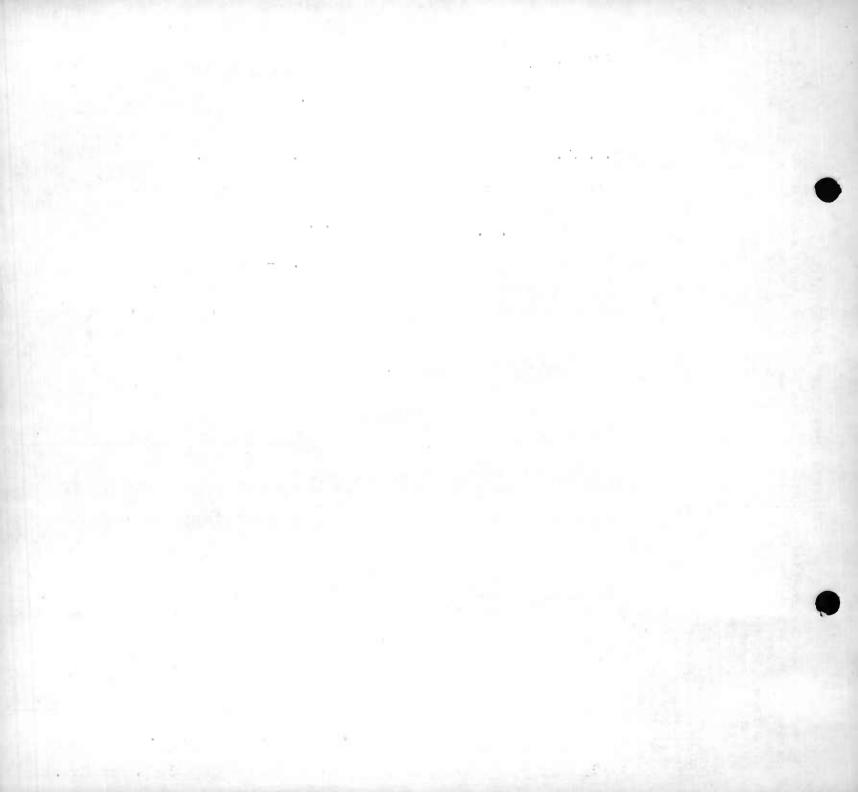


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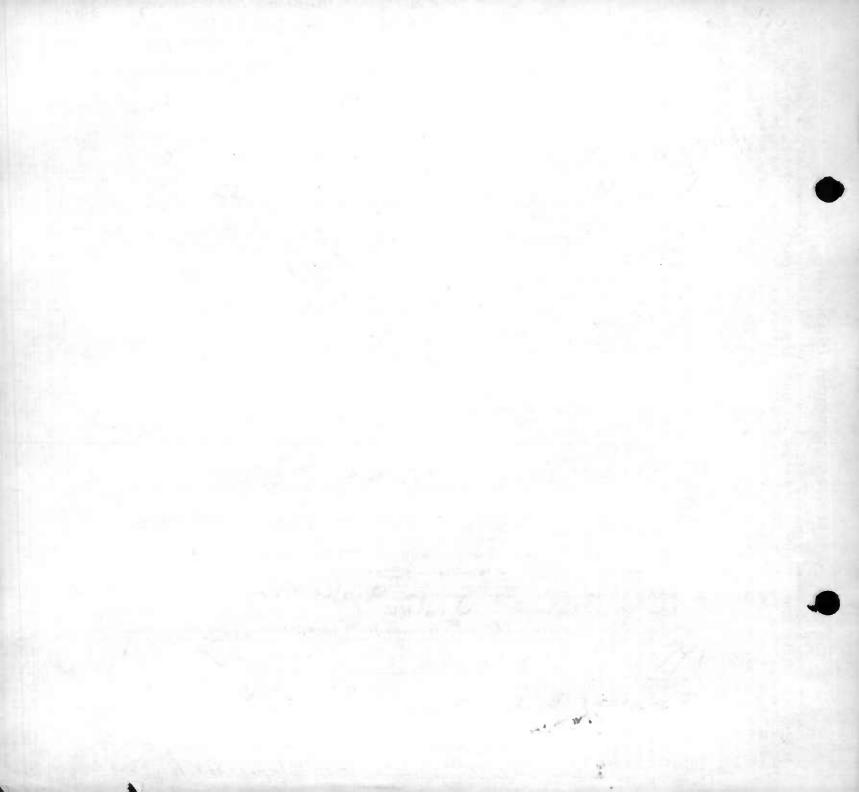


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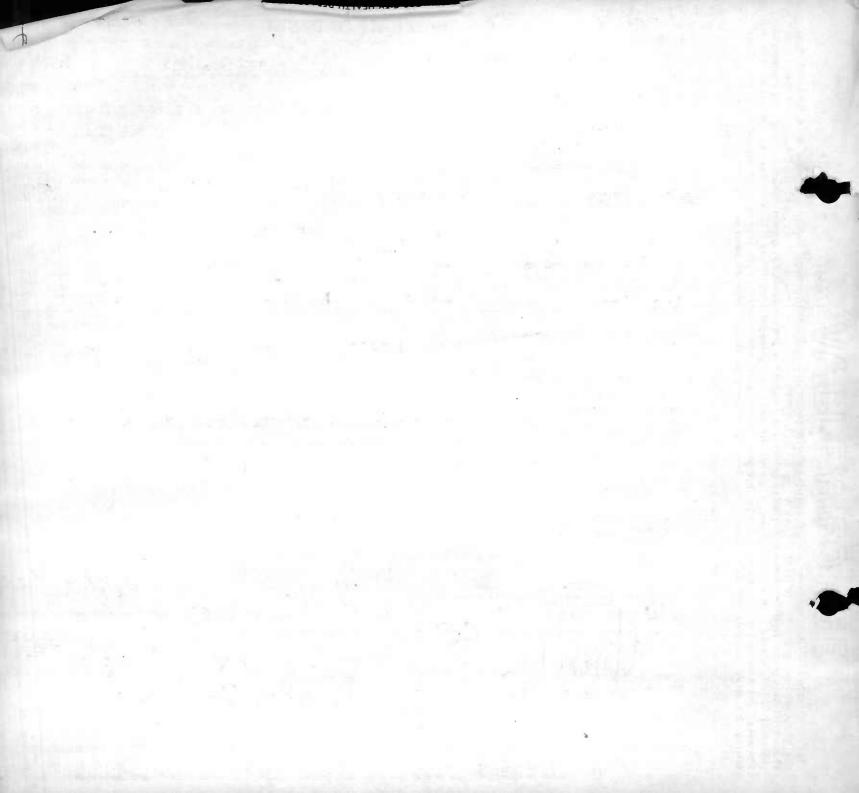
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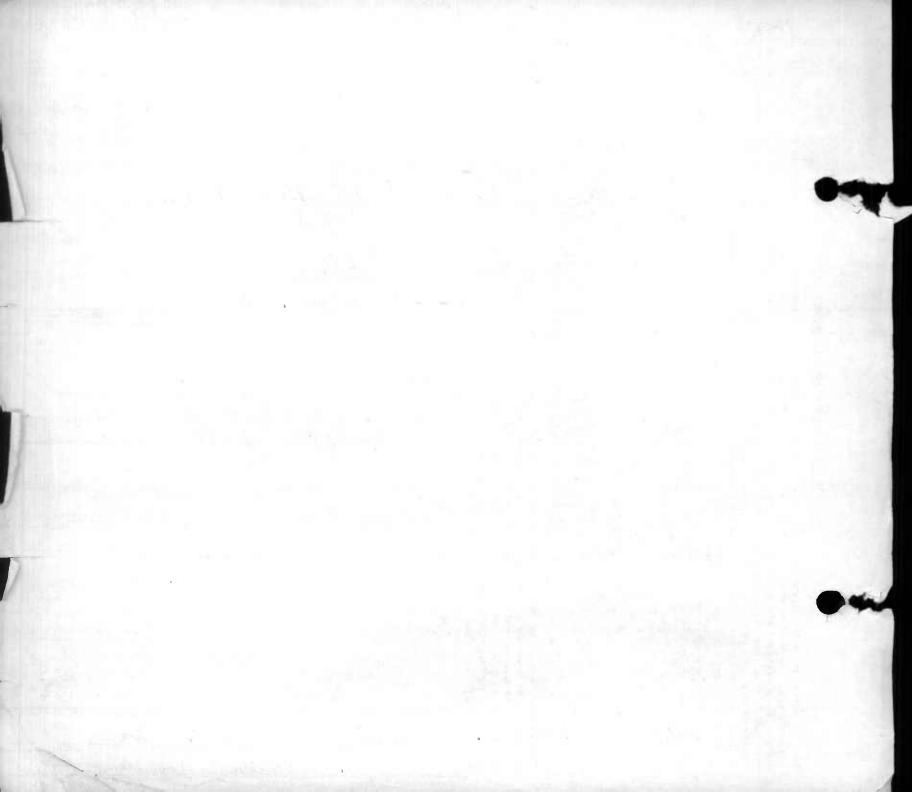


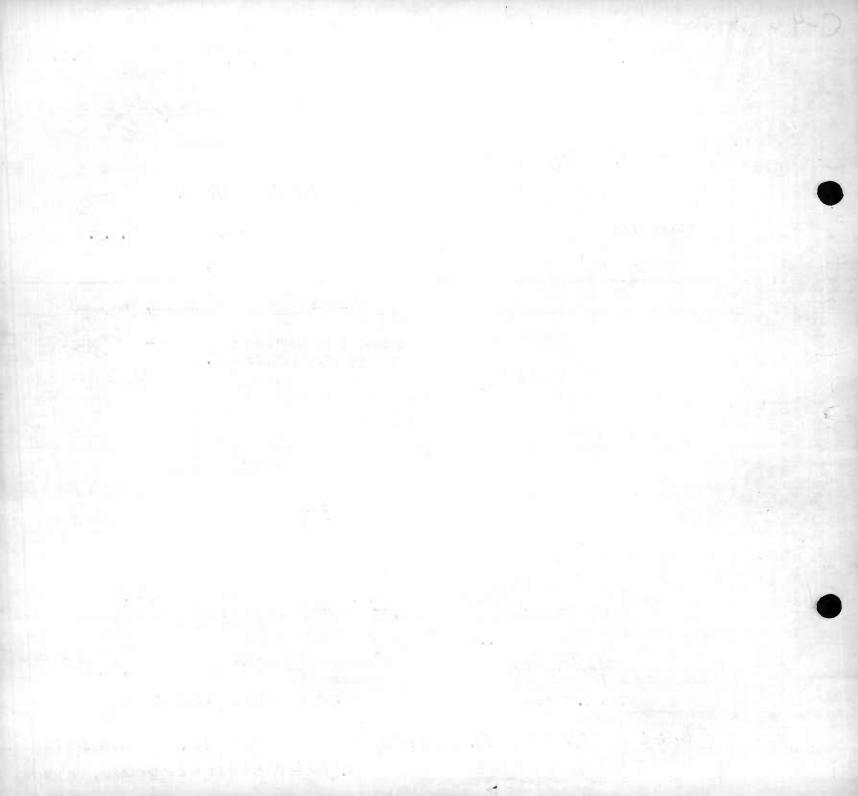
	C24C		65 6346
A.E. CASE NO. GEARE	6346 CERTIFICA	TE OF DEATH Registered N	l0,
NAME OF DECEASED Religion of Print Grave la		2. DATE AND HOUR OF DEA	315
PLACE OF DEATH IN BALTIMORE, MARYLAN	ND	4. USUAL RESIDENCE (Where deceased lived.	If institution; residence before admissi
FULL NAME OF (If not in hospital or ins HOSPITAL OR address or location) INSTITUTION	titution, give street	C. CITY OR TOWN (If outside city limits, wr	ite RURAL and give fownship)
		Balto	
Since Hospita	1	D. STREET ADDRESS (If rurol, give location)	M .
		2602 Boarman	Hrs
F W "	ARRIED, NEVER MARRIED /IDOWED, DIVORCED (specily)	B. DATE OF BIRTH 3-4-1912 9. AGE (In years lost birthday) 53	If Under 1 Yr. II Under 24 Manths Days Hours Min
A. USUAL OCCUPATION (Give kind of work 108, I	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSE WIFE		NEW YORK	USA
3. FATHERS NAME		14. MOTHER'S MAIDEN NAME	
Louis		SERAH	
. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	ADDRESS
es, no or unknown) (If yes, give wor or dotes of		Hospi Char	
110	225-1c-c728		INITERVAL BETWEEN
18. 4-43 X 1-360	\	PULATE	ONSET AND DEATH
DISEASE OR CONDITION DIRECTE		2112	
(This does not mean the made of dyin		V	
heart failure, asthenia, etc. It means the a		112121	
ANTECEDENT CAUSES	(B)	HASCVD	
			
	DUE TO	**************************************	
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DISEASES OR CONDITIONS, if any,	giving		
DISEASES OR CONDITIONS, if any, rise to the above couse (A) stati UNDERLYING CONDITION lost.	giving ng lhe (C)	ander Mellitics	
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DUPLIC BIRTH NO. 65	0822/65	6347	CERTIFICA	TE OF DEATH	Registered No.	10-11-11
M.E. CASE NO.	CEASED		01.((1), (0), (D HOUR OF DEATH	
(Type or Print)		Carross				2 72
2 PLACE OF DE	Ornella	Savag	E	Mar	ch 28, 1965	itution: residence before admission)
FULL NAME (HOSPITAL OR INSTITUTION	OF (If not in haspital	or institution, g	ive street	Lombard	Grooms -	/ // // // // // // // // // // // // /
THIS III ON	University H	Tet tree!				1
		-		D. STREET ADDRESS (If r.	ural, give location)	
	Baltimore, N			2513 Loyola		15-13
	Negro UPATION (Give kind of wark f working life, even if retired)	WIDOWED	NEVER MARRIED DIVORCED (specify) ngle (Newborn) BUSINESS OR INDUSTRY	8. DATE OF BIRTH 3 78 65	0	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min. 12. CITIZEN OF WHAT COUNTRY?
		0.00		Maryland		U.S.
13. FATHER'S NA	ME	1		14. MOTHERS MAIDEN NAM	N.E.	0.604
	on Albert Sava			Shirley T	hompson	
5. Was Deceased	d Ever in U. S. Armed Far	ces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
i a a	in it yes, give war ar one	.s or service	vene	M Ha.		alane -
VCG			CAUSE OI	10(8100	V	INTERVAL BETWEEN
18. 75	7.3		CAUSE OF	, DEATH		ONSET AND DEATH
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(This door		duine a -	(A) H [exectasis of	1 mas	11/2
	not mean the mode of , osthenia, etc. It means		DUE TO		U	7
	mplication which caused					
	ANTECEDENT CAUSES		(8)			
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	he above couse (A)		(c) Conge	enital hypoplasa	of kidney &	wheters little
UNDERLYIN	IG CONDITION lost.			10	0	
E TO THE D	VIFICANT CONDITIONS CODEATH BUT NOT RELA	ATED TO THE				
		DITION FOR W	HICH OPERATION	20 A. AUTOPSY2 (Yes or No)	208. IF YES, WERE FII	NDINGS CONSIDERED
OR CONTRIB	ENT WAS UNDERLYING DUTING CAUSE OF	21 B.	PLACE OF INJURY (e.g., in	or obout 21 C. WHERE DID fice bldg., INJURY OCCUR?	(If in Boltimore	City, give exact locotion)
DEATH (natify	y medical examiner)	etc.)				
OF INTURY	(Month) (Doy) (Year)	(Haur) 21 E.	INJURY OCCURRED	21F. HOW DED INJU	JRY OCCUR?	
OF INJURY			e At Not While	e 🗀		. 1
TAT KOZ		Work	At Work	2/20/		3/20/15
22. I certify	y that (1) (this hospital	ottended th	e deceased from	1 3/65 1	9ta	3/63/639
that (I) (we	lost saw the decease	d alive an	3/28	(6519 ond the	t in (my) (our) opini	on death occurred an the dat
			A Duly			^
		ed above. (I)	(dia /(dia not) v	iew the body after death.		238 DATE SIGNED DUPLICA
23A. SIGNATI	79 1 7 1 1		111111111111111111111111111111111111111	ation — Mant —		23B. DATE SIGNED
	MANIN	X A / I	M.P. Atte	s. Director	Stoff Phy s.	61.6165
23C. PHYSICIA	ANS	o A.		23D. ADDRESS	- 11	. 101
NAME	Mitchell S	bollos	MD	1 LANGE HASS	13-1X	11/4/
			WI.D.	CONIV. 1(03)	1 Hacero	1 v coe
24A. BURIAL CRE REMOVAL	EMATION, 248. DATE	24C. NA	ME of CEMETERY OF CRE	MATOR ARD 2/070	MIND VI ASTY	lawn, ar county) (State)
	LUN 1 b	1000		- DOWNO OF	MANILAN	
SEA DATE BECT	D BY HEALTH DEPT.	258. NAME O	E DEGISTANTI VER	250. FUNERAL DIRECTOR	CCHOOL	ADDRESS
ILIM 4 A	10CE A	236. HAIVE O	TO SOUTH IN THE	MARKET	as Shallar	The same of the sa
JUN T8	1300 (1) D. A	E. stal	Key M.A.	MIUNIUAK	I SERVICE	RCHD



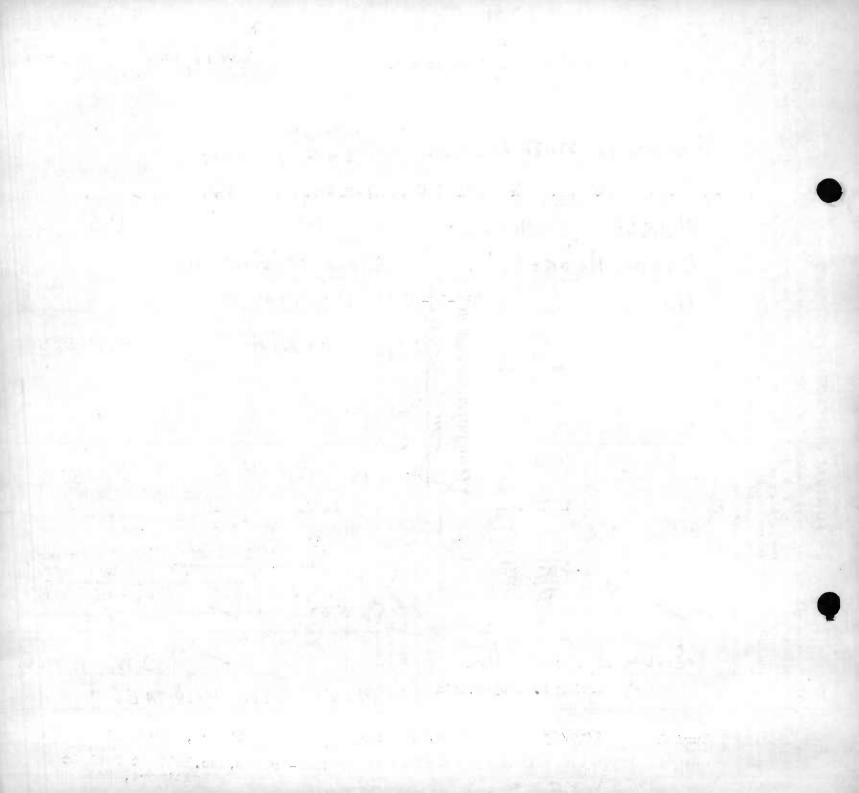




IMPORTAN

DIRECTOR:

FUNERAL



Z	31450	BIRTH NO. 65 6351 CENTIFICATE OF DEATH Registered No. 65 6351
In	55000	M.E. CASE NO.
H	Su + Su + Su	1. NAME OF DECEASED (Type or Print) PAUL F. BRUNK 2. DATE AND HOUR OF DEATH JUNE 8. 1965 5: 15 PM
5	3000 =	3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission) A. STATE B. COUNTY
S	hor hor den den de	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) (If not in hospital or institution, give street oddress or location) (If outside city limits, write RURAL and give township)
Q,	20000	PASA DENA 2//13 42-00
7	O di	5 CHURCH HOME & HOSPITAL D. STREET ADDRESS (If rurol, give locotion)
ON SEAL	ntribu mine sgular sed p	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOVED, DIVORCED (specify) 1-6-15 9. AGE (In yeors lift Under 1 Yr. If Under 24 Hrs. Months: Doys Months: Doys Months: Min.
0	cor cor	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	deat or Unda as ir	Milied Wil Co. Chauffer Maryland U.S. A
2	was the ispos	Paul E-Brunk anna BROWN
	AN tan tan tan nd; eath	15. Wos Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO.
8	RT the the de de de fin ce	no 111/1/11 216-03-2460 darothy Brunk - 318 class all a
-	is a sind any if	DISEASE OF CONDITION DIRECTLY CAUSE OF DEATH CONSET AND COATH
	Also discour	LEADING TO DEATH DR. R. (This does not meen the made of dying, e.g., DUE TO Atelectors Cange
Z	er er cron ron ron	LEADING TO DEATH DR. R. (A) afelectors (aungs and mean the made of dying, e.g., heart failure, asthenia, etc. II means the present injury or camplication which coused death) ETENECHER Silateral extrasive &
	ring frage	ANTECEDENT CAUSES OF THE PROPERTY OF THE PROPE
	X X X X X X X X X X X X X X X X X X X	
G	ale ale an an ns c	rise to the above couse (A) states the MINALS (C) UNDERLYING CONDITION last.
F	L D	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
N	F me me con phy phy con	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
19	Sod)	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or Not) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
N	by by phy fore	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exoct locotion) OR CONTRIBUTING CAUSE OF CA
	ital ital No No be	DEATH (notify medical examiner) etc.)
	ed b losp atur (6) ned	21D. TIME (Month) (Doy) (Yeor) (Hour). 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Not While
	rov ne h y n y n xce	22. I certify that (I) (this hospital) attended the deceased fram $b = 6 - 6 > 19$ to $6 - 8 - 6 > 19$
	app to the	that (I) (we) last saw the deceased alive on 6 19 and that In(my) (aur) apinion death occurred an the date
	99-2	ond haur and fram the causes stated abave. (1) (We) (did) (did nat) view the bady ofter deoth.
		23A. SIGNATURE 23B. DATE SIGNED
	a to a circle	Thanul J. (an M.D. Attending Director Director Phys. Stoff Phys. 23C. PHYSICIAN'S 23C. PHYSICIAN'S
	certificate sody was r rs: (1) An a D.O.A. at ased prior	MANUEL TAN, M.D. Church House + Hospital, Balto. 31, md
	F	24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, for county) (Stote)
	This cert the body shows: (I was D.O deceased	Burial June 12/65 Meadowridge Mem. Park Howard County, Maryland 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS
•	### ¥ \$ \$ \$	JUN 18 1965 Robert E. Farleyni R.V. Singleton, Glen Burnie, Md.
		VS 150-REV. 1/1/65

Carille chases Coungs manual of There

VS 151-REV. 1/1/65

BALTIMORE	CITY	HEALTH	DEPAR	TMEN!

BALTIMORE CITY HEALTH DEPARTMENT

65 6357 AFDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 5 6352

BIRTH NO.	MEDI	CAL EX	AMINER 3 C	EKTIFICA	IE OF DE	A I II Kegisie	ered No.	
M.E. CASE NO								
1. NAME OF E			1+121	()	2. DATE AND H		ED DEAD	0 00 4
		rl Boone	(1had	600)	June	13, 1965		8:00 A. M.
3. PLACE IN BA	ALTIMORE, MARYLAND, W	HERE PRONOUP	NCED DEAD	A. STATE Mary		eosed lived. It ins B. COI	JNTY	dence before odmission)
FULL NAME O HOSPITAL OR INSTITUTION	F (IF NOT IN HOSPITA ADDRESS OR LOCA	AL OR INSTITUT	TION, GIVE STREET		WN (If outside co	rporote limits, writ	e RURAL or	nd give townshipl
/	Lutheran Hos	nital			imore ORESS (If rurol, give	161	15	-01
6	Edelieran 1105	prear			N. Smallw		a t	
5. SEX	6. RACE		VEVER MARRIED	B. DATE OF BIRT	TH	9. AGE (In years	If Under	1 Yr. If Under 24 Hrs.
Male	Negro	WIDOWED, D	IVORCED(specify)	9/10/	1928	36	Monms	Doys Hours Min.
	CUPATION (Give kind of work of working life, even if retired)	TOB. KIND OF	BUSINESS OR INDUSTRY	II. BIRTHPLACE	(State or foreign co	untry)	12. CITIZI WHA	EN OF T COUNTRY?
Ja	haren			Than	th lar	elina		
3. FATHER'S N	+ Boan	e		14. MOTHER'S A	AAIDEN NAME	Misac	ins	
	SED EVER IN U.S. ARMED		16. SO CIAL	17. INFORMANT	with a	1	ADDRESS	
Yes, no or unkno	wn) (If yes, give wor or dote	s of service)	SECURITY NO.	aleni 6	Brech	45 2	ilon	as St. New
18.	4.24		CAUSE	OF DEATH		700		INTERVAL BETWEEN
DISI	EASE OR CONDITION DI	RECTLY					N. Carlot	ONSET AND DEATH
	LEADING TO DEATH		(A) Hypert	ensive an	d arterios	clerotic		
(This doe	es not mean the mode of ure, asthenia, etc. It means	the discose,	DUE TO		ascular di			
injury or	complication which coused	deoth.)						
	ANTECENDENT CAUSE	c						
DISEASE	S OR CONDITIONS, IF A		(B)DUE TO					
RISE TO	THE ABOVE CAUSE (A) ST		501.10					
	YING CONDITION LAST.		(C)			010000000000000000000000000000000000000		
<u>o</u>	II.							
S TO TH	SIGNIFICANT CONDITIONS E DEATH BUT NOT RE	LATED TO TH						
DISEASE	OF OPERATION 198, CON		HICH OPERATION	20A ALITOPS	Y? (Yes or No) 20B.	IF YES WERE FI	NDINGS C	ONSIDERED
100	WAS PER		THICH OFERATION	yes	IN	CERTIFYING CAU	SES OF DE	ATH?
O UNDERLYIN	NAL CAUSE WAS IG OR CONTRIB- AUSE OF DEATH.	21 B. P home, etc.)	form, foctory, street,	in or obout 21C. office bldg., INJUR	WHERE DID (If in	Boltimore City, g	ive exoct lo	cotion)
Z 21D TIME	(Month) (Doy) (Yeor	r) (Hour) 21	E. INJURY OCCURRED	21 F. H	IOW DID INJURY	O C C U R?		
OF INJURY (APPROX.)		m. W		WHILE				
22.	ertify that I held an				nd that an this b	asis, death In	mv opinia	1
	sulted fram: Natural ca		cident Suicid			etermined mann		
	1	1 /	1	CHIEF	MEDICAL EXAM	INER 🗌		5 - EE (1011ED
ACTU		2. 4	lun	ASSISTANT A	MEDICAL EXAM	INER X	-	DATE SIGNED
	ATURE AINER'S	1/1	M. D		MEDICAL EXAM		June	13, 1965
	(Type) John	E. Adams	. M.D.	ASSOCIATE	MEDICAL EXAM			
23A, BURIAL C	REMATION, 23B. DATE	23C	NAME OF CEMETERY	CREMATORY	23D. LOCA	TION (City	, town, or c	county) (Stote)
Ho and	4.1. 6/11	16.5	Unidas.	Brans	6.10	n Posto		71.6.
24A. DATE REC	O'D BY HEALTH BEPT.	24B. NAME C	OF REGISTRAR	24C. FUNE	RAL DIRECTOR	2	A	DDRESS
I WILL	8 1965 00	007	A .	120:	- A S-6	2.00:00	מחחו	n me usas

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BALTIMORE CITY HEALTH DEPARTMENT

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BALTIMORE CITY HEALTH DEPARTMENT

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Marins W Moore Sy

1971 A Carey Short Hall

V\$ 151-REV. 1/1/65

W-362

BIRTH NO. 65 MEDICAL EXAMINER'S CERTI	FICATE OF DEATH Registered No.
M.E. CASE NO.	
1. NAME OF DECEASED (Type or Print) WILLIAM WEATHERS	2. DATE AND HOUR PRONOUNCED DEAD
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. U.S.	June 16, 1965 10:25 A.M. UAL RESIDENCE (Where deceosed fived, If institution: residence before odmission) ATE ATE
	Maryland
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION	TY OR TOWN (If outside corporate limits, write RURAL and give township)
COMMUNICATION OF THE WOOD THAT	Baltimore 0 0 0
SOUTH BALTIMORE GENERAL HOSPITAL D. ST	REET ADDRESS (If rurol, give location)
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DA	32 Wheeler Avenue TE OF BIRTH 9. AGE (In years If Under 1 Yr, If Under 24 Hrs.
WIPO WED, DIVORCED (specify)	119/19/19 lost birthday Months, Doys Hours, Min.
- Inables	THPLACE (Stote or foreign country) 12. CITIZEN OF
done during most of working life, even if retired)	South Country?
13. FATHER'S NAME 14. MG	OTHER'S MAIDEN NAME
Fred. 711 estkers	usame Mc Brile
	ORMANT ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	- m. 71/2 There, 32 N 1/1/1.
18. CAUSE OF D	EATH INTERVAL BETWEEN
Y 983 1	ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Luetic	heart disease
(This does not meon the mode of dying, e.g., DUE TO	
injury or complication which coused death.)	
ANTECENDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	
UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	NO
UNDERLYING OR CONTRIB-	dg., INJURY OCCUR?
21 D TIME (Month) (Doy) (Yeer) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
OF INJURY (APPROX.) WHILE AT NOT WHILE	ZII. NOW DID INJOK! OCCOR:
m. WORK AT WORK	
1 certify that I held an Inquiry Inspection X Autopsy	and that on this basis, death in my apinian
resulted fram: Natural causes X Accident Suicide	Hamlcide Undetermined manner
	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE C. AKELEM M.D. ASSI	STANT MEDICAL EXAMINER X
EXAMINER'S ASSO	OCIATE MEDICAL EXAMINER 6-16-65
NAME (Typé) John E. Adams M.D. 23A. BURIAL CREMATION, 23B. DATE 23CNAME of CEMETERY of CREM	AATORY 23D. LOCATION (City, town, or county) (Stotel
REMOVAL (Specify)	Ol A set 1
Durial 4/21/65 Whites Me	n. It. Ballimore Mr.
24A, DATE REC'D BY HEALTH DEPT. 24B, NAME OF REGISTRAR 2	4C. FUNERAL DIRECTOR ADDRESS
JUN 18 1965 Robert E. Farbert	Menglon & Thellife 172,71 Mour

Music 5/19/1919 46 They dearne fouth areline Frak Western Jacons Mc Bile 241-28 OH amorte Wester Wester Fall Great after Wheater Mine Pe. Batiness assisted the 15271

(Month)

OF INJURY (APPROX.)

ACTUAL

REMOVAL (Specify) Burial

VS 151-REV. 1/1/65

SIGNATURE

EXAMINER'S NAME (Type)

23A. BURIAL CREMATION, 23B. DATE

24A. DATE REC'D BY HEALTH DEPT.

22.

(Yeor)

6-19-1965

(Doy)

I certify that I held an Inquiry

resulted from: Natural causes X

(Hour)

Rudiger Breitenecker

MHILE AT

Accident

24B. NAME OF REGISTRAR

Inspection

NOT WHILE

Suicide

23C. NAME OF CEMETERY OF CREMATORY

Arbutus Mem Park

Autopsy X

Hamicide

24C. FUNERAL DIRECTOR

CHIEF MEDICAL EXAMINER

23D. LOCATION

ASSISTANT MEDICAL EXAMINER X

ASSOCIATE MEDICAL EXAMINER

and that on this basis, death In my apinlan

Undetermined manner

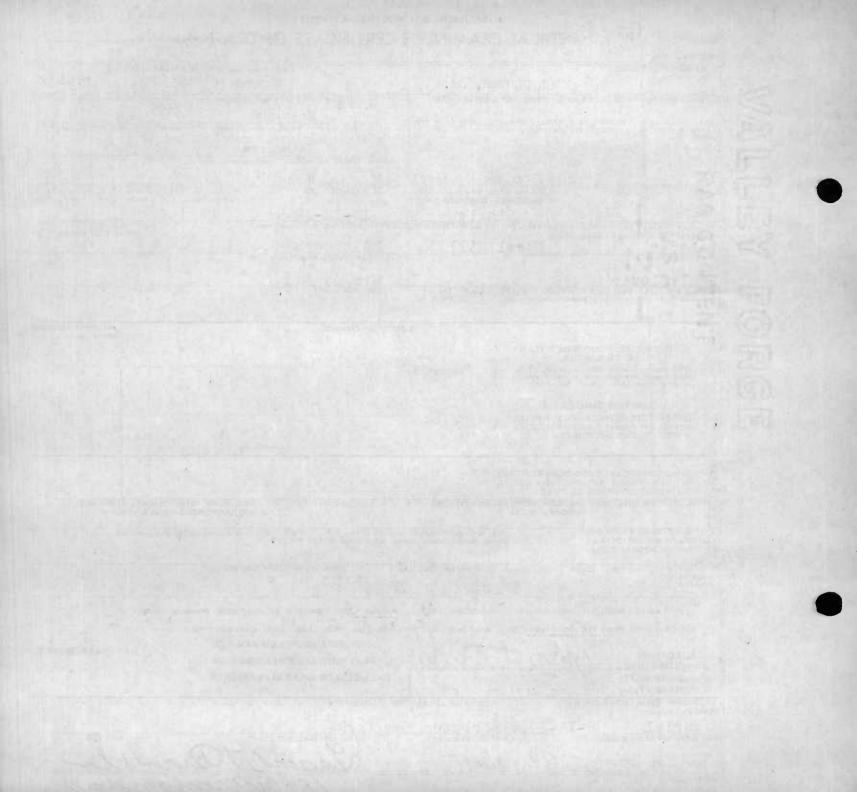
DATE SIGNED

6-17-65

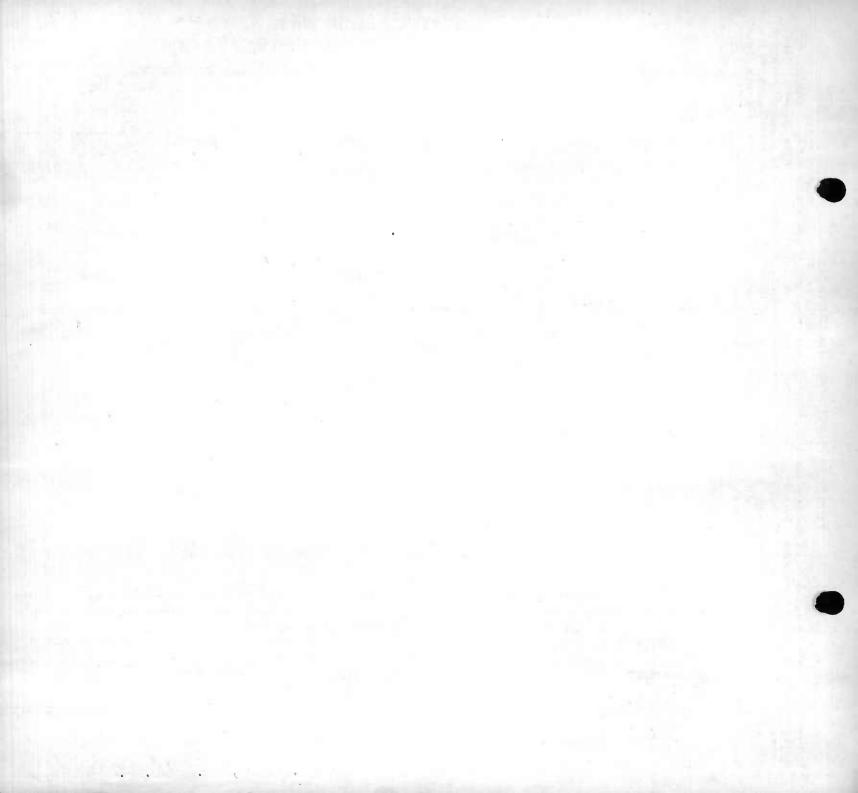
(Stote)

(City, town, or county)

ADDRESS

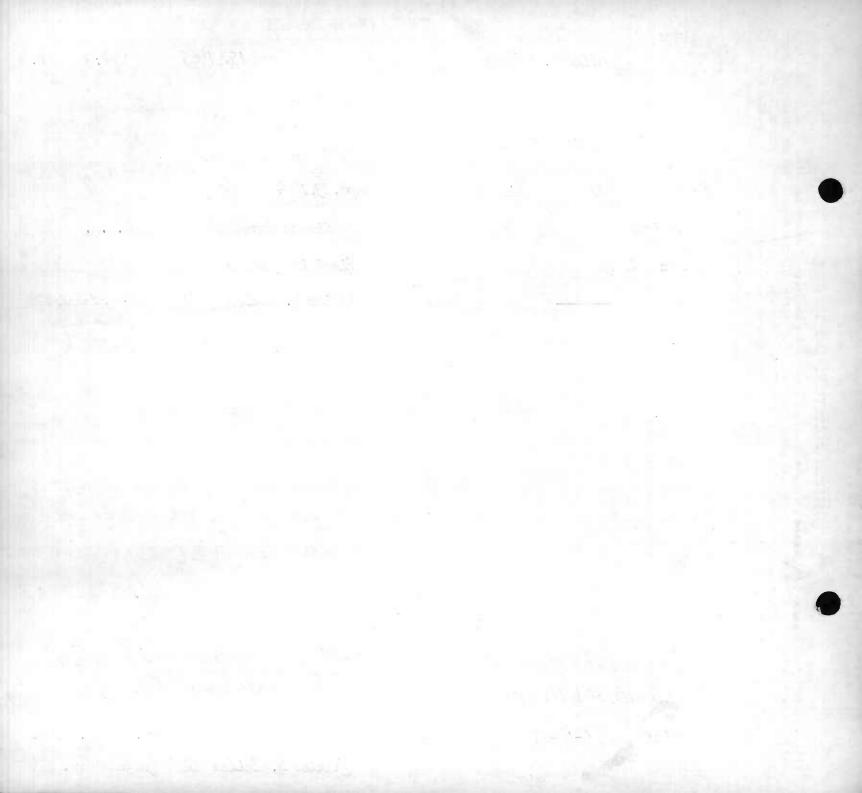


	65 635	7	BALTIMORE CITY	HEALTH DEPARTMENT		00=2
BIRTH NO.	00 000		CERTIFICA	TE OF DEATH	Registered Na.	-65 - 6357
M.E. CASE NO.	CEASED			2. DATE A	ND HOUR OF DEATH	
Type or Print)	John J. Li	ttle				1 30 1
B. PLACE OF DI	EATH IN BALTIMORE, MA			14. USUAL RESIDENCE (W	ne 17, 1965	nstitution: residence before admission
FULL NAME	OF (If not in hospital	or institution,	give street	A. STATE B. COU	Balto city	6-01
HOSPITAL OR				c. City or town (IF a Paltimor e		RURAL and give township)
J J oh	ns Hopkins	Hospit	al	100 N. Cu	rurol, give location) rley St.	
- SEX	6. RACE	7. MARRIED,	NEVER MARRIED D, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years tost birthdoy)	If Under 1 Yr. If Under 24 Hr Months: Doys Hours Min.
m	cau	Wild WE	W	5-12-90	75	
		k 108, KIND OI	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	reign country)	12. CITIZEN OF
	f working life, even if retired)		411	2.6.3		WHAT COUNTRY?
reti	1 Clubs Colo	(ity	Water Dept.	Md		USA
3. FATHER'S NA	ME	0 0		14. MOTHER'S MAIDEN NA	AME	
Nic	holas Lita	+10		Alice-01	Dag	
			1 6. SOCIAL	17. INFORMANT	Dea	ADDRESS
es, no or unknow	d Ever in U. S. Anned Fo	es of service)	SECURITY NO.	HALOWALVIA I		VD0453
no			unknown	Acc Rm S	Sheet.	
18. 11.	9. / 1		CAUSE O		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	INTERVAL BETWEEN
DISEA	SE OR CONDITION DI	DECTI V				ONSET AND DEATH
Diser	LEADING TO DEATH		h.	vnotension 20	to dehard	notion ?
(This does	not mean the made at	dying, e.g.,	DUE TO	ypotension 2° and bilo b ar p	OU GETTYG.	I GULUII
heart failure	, asthenia, etc. It means	s the disease,		and bilobar p	oneumonia	
injury or co	mplication which caused	d death.)				
	ANTECEDENT CAUSES	S	OUE TO			
DISEASES	OR CONDITIONS, if	any, giving	?	myocardial in hypothyroidis	nfarction	
rise la Il	he abave cause (A)		(C) ?	hypothyroidis	sm.	
UNDERLYIN	G CONDITION last.					
	- 11					
OTHER SIGN	IFICANT CONDITIONS					
	DEATH BUT NOT REL. CONDITION CAUSING		łE			
19A. DATE O	F OPERATION 198. COM	NOTION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or I	No) 208. IF YES, WERE	FINDINGS CONSIDERED
19A. DATE O	WAS PER	RFORMED		W.	IN CERTIFYING CA	AUSES OF DEATH?
21A. ACCID	ENT WAS UNDERLYING	7 218	L PLACE OF INTURY (e.g.	n or obout 21 C. WHERE DID	(If in Baltima	re City, give exact location)
OR CONTRIB	UTING CAUSE OF	hon	ne, form, foctory, street, o	ffice bldg. INJURY OCCUR?	🕶	
U	y medical examiner	etc.	J			
0 21 D. TIME	(Month) (Doy) (Year)	(Hour) 21E	. INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
OF INJURY			nile AI Not Whil			
(APPROA)		Wo	ork			
22. I certif	y that (1) (this haspita	I) attended t	he deceased fram	5-15	.1955to(5-17 19 6
) last sow the deceas		6-17	19 65 and 1		
						inian death accurred an the do
	A	ted above. (I) (We) (did) (did nat) v	riew the body after death	•	
23A. SINNAT	YAE					23 B. DATE SIGNED
	. Dozesh	111.	M.D. Att	ending Med. Director	Stoff Phys.	6-17-65
230 94400	ANG	Ma		23D. ADDRESS	t tilk at Trami	0-17-03
23C PHISICI	Туре			AUDI AUDIKESS		
()	7 7 7 7	Marr	M.D.	Johns Hook	ring Hognit	- 61
AA. BURLAC CR			AME of CEMETERY or CR	EMATORY 24D.		ity, town, or county) (Stote)
		-			^ .	
Buri		5 He	ly Redeemen	Cemeteru	Baltimore	Maryland
SA. DATE REC'I	D BY HEALTH DEPT.	258. NAME	OF REGISTRAR	25C. FUNERAL DIRECTO		ADDRESS
JUN 1	8 1965 120	8- E Fo	O. A.A.	John A. Ma	ran Inc. Bal	1.1. M 1.
C 160 BEN 1/1		W C, NO	LA VOCULTURA	0101.71.110	run, Inc. Dal	TO Pld.
S 150-REV. 1/1	/03	1 7		11 3 ()	E.J.	

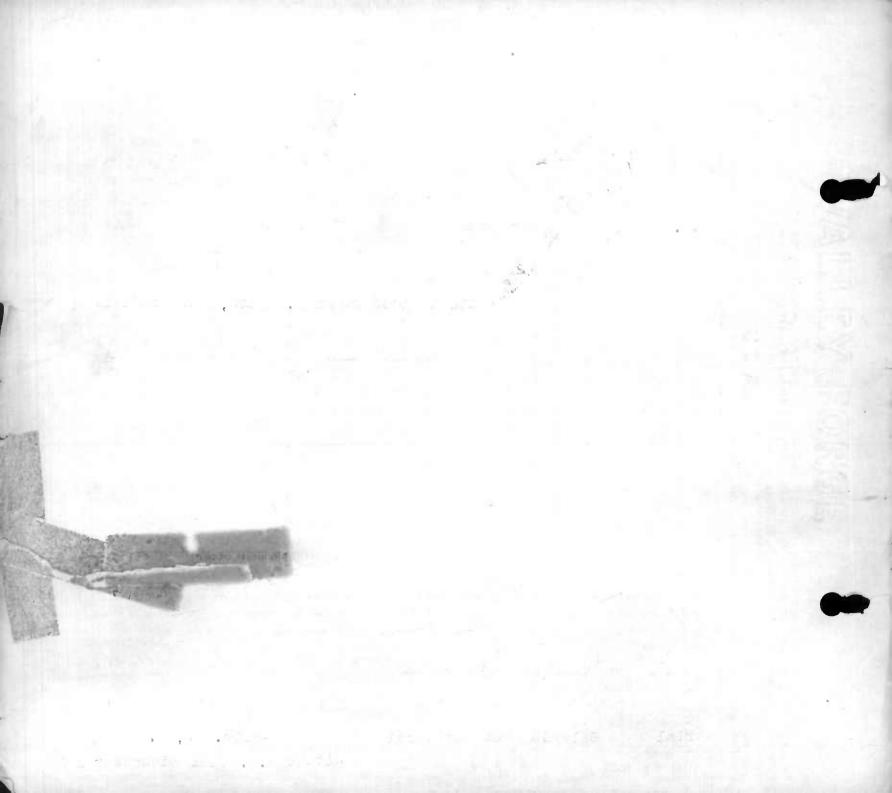


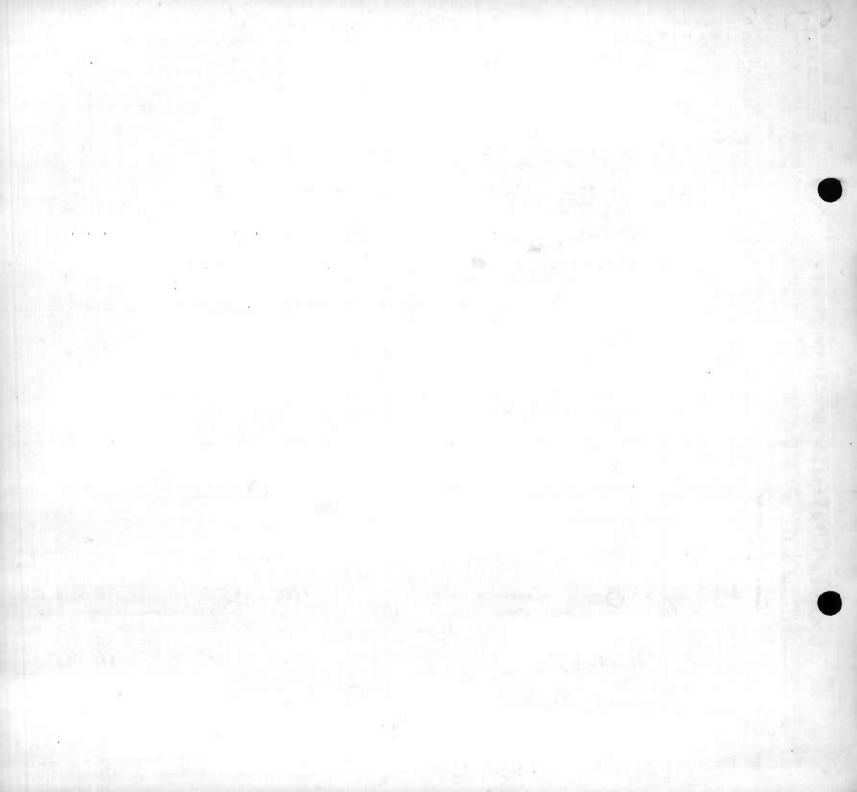
65	6358	BALTIMORE CITY	HEALTH DEPARTMENT		OF OOMO
BIRTH NO.	0000	CERTIFICA	TE OF DEATH	Registered N	. 65 6358
M.E. CASE NO. 1. NAME OF DECEASED			2 DATE AN	D HOUR OF DEAT	r H
(Type or Print)	and M	inesik	Til		20
3. PLACE OF DEATH IN BALTIMOR	E MARYLAND	11/10511	4. USUAL RESIDENCE (When	e deceased lived. I	1965 7 - A I institution: residence before admiss
			A. STATE B. COUN	TY	TA 1
FULL NAME OF (II not in ho	ospital at institution,	give street	Md		0
HOSPITAL OR oddress or I	locotion)		C. CITY OR TOWN (If out	side city limits, writ	te RURAL and give township)
M - 1 - 1	1	11 -1-1	Baltimore		
Maryland G	reneral/	MOSpital		rurol, give lacation)	
		/	5 N. Decker	Avenue	
SEX 6. RACE			8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24
M), DIVORCED (specify)	12/25/07	last birthday	Months Days Hours Mil
OA, USUAL OCCUPATION (Give kind		BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or farei	an country)	12, CITIZEN OF
one during most of working life, even if re			-1 ,	•	WHAT COUNTRY?
Lithograping		Printing	Johnstown	, 42.	U.S.A.
3. FATHER'S NAME			14. MOTHER'S MAIDEN NAM	ME .	
-Insont M	ines-K		Hoha	Marth	a
5. Was Deceased Iver in U. S. Arm	ned Forces?	1 6. SOCIAL	17. INFORMANT	, , 4/ / //	ADDRESS
(es, no or unknown) (If yes, give wor	or dates of service)	SECURITY NO.			No on Coo
no		unknown	Mrs Anna Min	csik 5. N.	Decker Ave.
18. 16.3 X		CAUSE OF			INTERVAL BETWEEN
DISEASE OR CONDITIO	N DIRECTLY				ONSET AND DEATH
LEADING TO DE		(2)	Arnana of	+ ha /	
(This does not mean the mo-	de of dving ea	(A) C//	cinoma of	The Lun	79
			.,		
heart loiture, osthenia, etc. It r	means the disease,	- m		the Morta	64.34
	means the disease,		etastasis to a	the Verte	brae
hearl loilure, osthenia, etc. It r	means the disease, caused death.)			the Verte	brae
hearl loilure, oslhenia, etc. Il r injury or complication which a ANTECEDENT CA	means the disease, caused death.)		etastasis to a	the Verte	brae
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KARRAGER P. Cris M3 General Hospital



-	1	BALTIMORE CITY HEALTH DEPARTMENT	0200
W-3	00	BIRTH NO. 65 6360 CERTIFICATE OF DEATH Registered No. 65	6360
	and eath ased the Such	M.E. CASE NO.	
	death death eased n the Such	1. NAME OF DECEASED 1. DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 2. DATE AND HOUR OF DEATH 6-17-65	15 35
	oital and of death Deceased e on the ath. Such	3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived, If institu	tion: residence before admission)
		A. STATE B. COUNTY	1-00
	Se Se de de	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location)	0 0 /
	a ho cause se; (5 se) to de	INSTITUTION Oddress or lacohon) C. CITY OR TOWN (If autside city limits, write RURA	L and give to (vaship)
	- 50.	D. STREET ADDRESS (If ruro), give location)	
	ting d car r att	MERCY HOSP 3915 Educado	A
1	de de	T AAARDED NEVER MARRIED D DATE OF RIDTH O ACT III	Under 1 Yr. If Under 24 Hrs.
	contributer contri	WIDOWED, DLYORCED (specify)	onths Doys Hours Min.
	oc orrepries	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)	2. CITIZEN OF
400	th necessary	done during most of working life, even if retired)	WHAT COUNTRY?
	S indi	11000	USA
	direct or c (4) Under th was in the dec	13. FATHER'S NAME	
E	i si ti	Frederick Morrison Deruha Deffrey	4
A	= 0	15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL SECURITY NO.	ADDRESS
	ist he kir de ce ce	213 28 1063 James R. White, 1127 New	rfield B
IMPORT	5 4 500 L	18. 3 5 4 V CAUSE OF DEATH	INTERVAL BETWEEN
A	N . O O E		ONSET AND DEATH
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	a la	OISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart foilure, osthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES (A) Hyperterise Creation Control of the control of t	
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IRECTOR	Xan Xan Xan Wh Wh	DISEASES OR CONDITIONS, if ony, giving	
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ER		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DESASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION WAS PERFORMED 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 19 CONTRIBUTION 20A. AUTOPSY? (Yes or No.) 10 CERTIFYING CAUSES 10 21A. ACCIDENT WAS UNDERLYING 121B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID (If in Boltimore Cit	INGS CONSIDERED
5 N		= 6-16-65 HYPEVTEUSIVELICPHOLOGICAL PO	
E		OR CONTRIBUTING CAUSE OF	y, give exact location)
	アキッモスコ	DEATH (notify medical examiner) etc.)	
	d b osp tur tur tur (6)	21D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURED 21F. HOW DID INJURY OCCUR? While At Not While	The state of the
	9 5 9 0	(APPROX.) While At Wark At Wark	7770, 6719
	he he hay n hy	22. I certify that HL (this hospital) attended the deceased from 6-11 1965 to 6-	19:65.
	D 0	that (1) (we) last saw the deceased alive on 6-17 19 6 5 and that in (my) (out) opinion	100
	0 0 -	and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death.	
	dent of death)		DATE SIGNED
	2000	M.D. Allending Med. Stoff	6-17-65
		23C. PHYSICIAN'S 23D. ADDRESS	0 11 00
	was r was r A at at prior	NAME (Type)	
	certificat sody was s: (1) An D.O.A. at ased pric	SALVATORE K. DONOHUE M.D. MEV Cy LETY	J 1
	P O D D	24A. BURIAL CREMATION, REMOVAL (Specily) 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, VI	wn, ar caunty) (State)
	This certification of the body shows: (1) was D.O. deceased written a	Burial 6/19/65 New Cathedral Balto. 29, Md.	
	This of the bashow was laced	111N 18 1965 A C. A E. Falleuth. 256. NAME OF REGISTRAR Witzke F.D. 4101 Edmo	ADDRESS
	F = 3 2 3	JUN 18 1965 P. O. A. E. Farley A.	Handle WA
		V\$ 150-REV. 1/1/65	



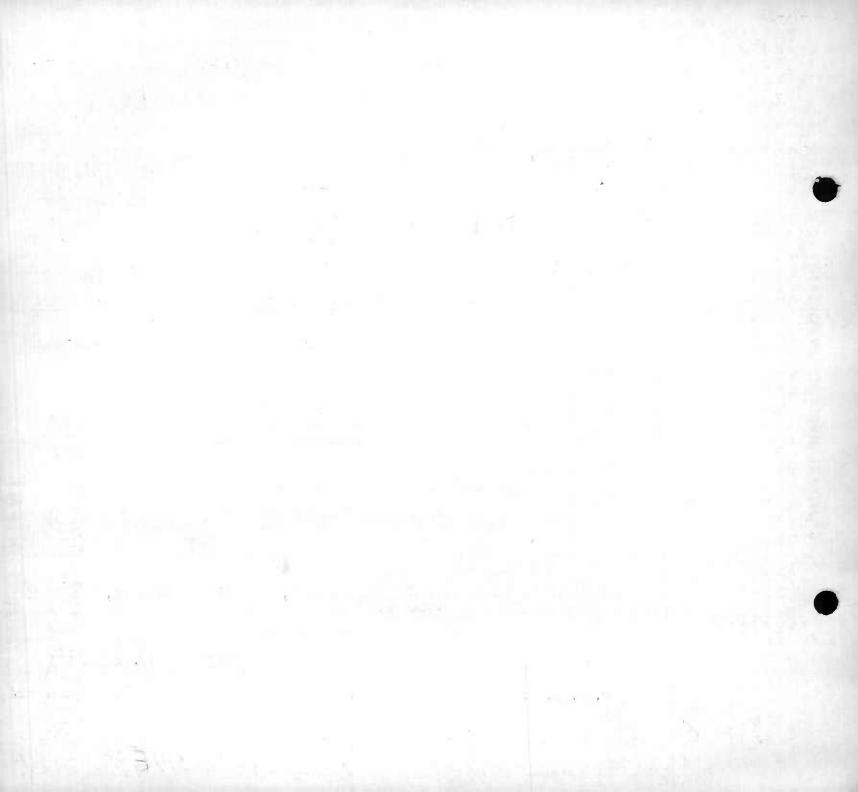


BALTIMORE CITY HEALTH DEPARTMENT

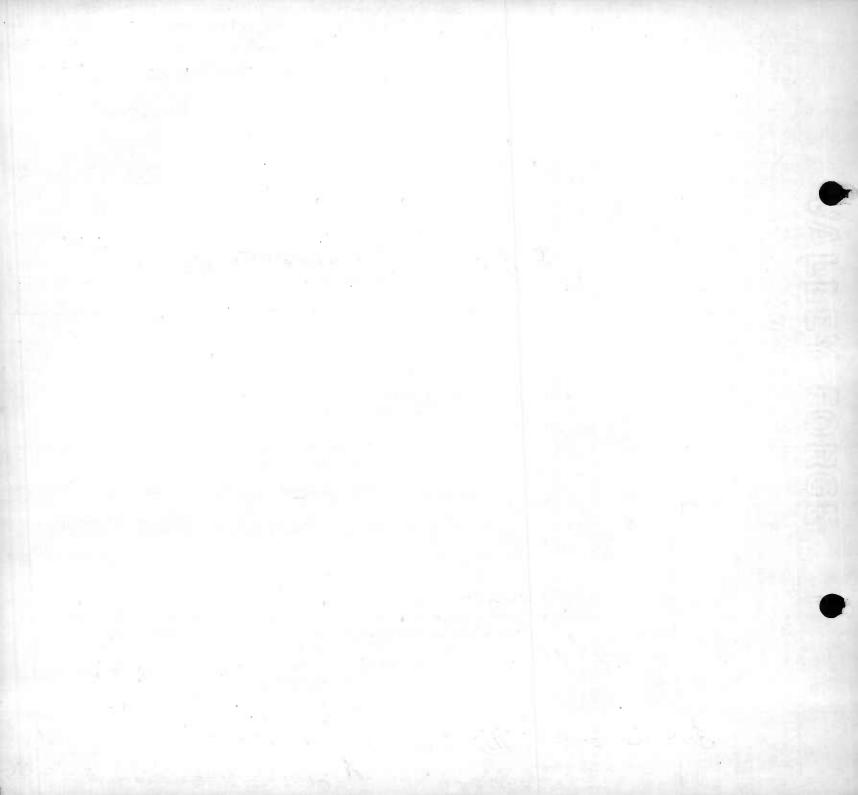
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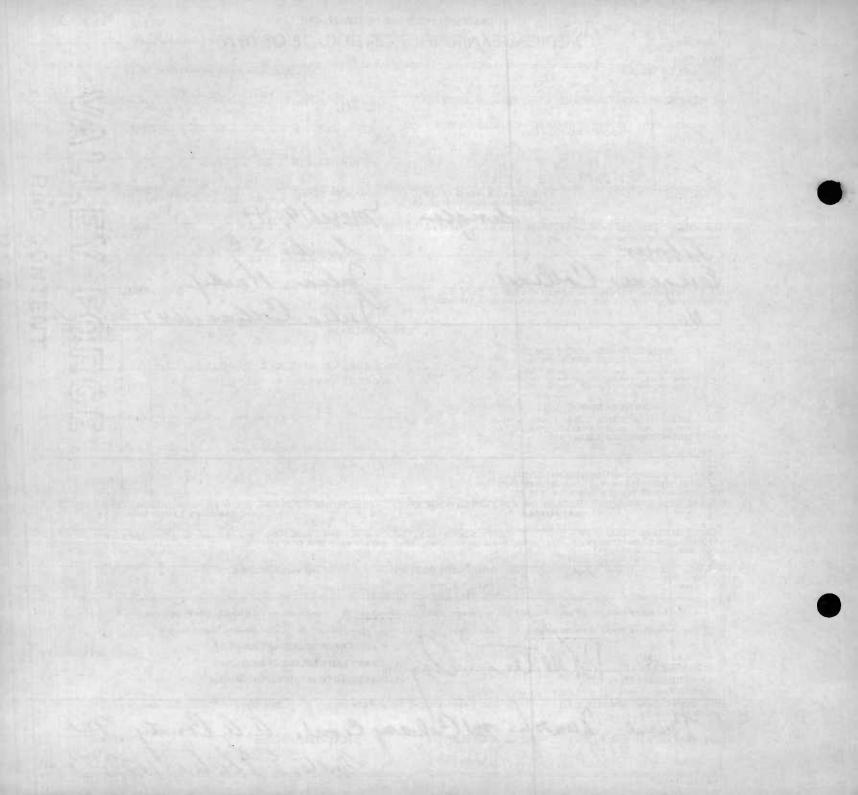
IS: 42-70-31		TE OF DEATH Registered No.	J 6363
Such Such	M.E. CASE NO. 1. NAME OF DECFASED (Type or Print)	2. DATE AND HOUR OF DEATH	
70000	Wallace Jackson	June 14, 1965	4:15-P. M.
hospita use of (5) Dec ance o	3. PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF (If not in hospital or institution, give street	A. STATE B. COUNTY Maryland Baltimore	ition: residence before odmission)
ישלים פי	HOSPITAL OR oddress or locotion) INSTITUTION Baltimore City Hospitals	C. CITY OR TOWN (If outside city limits, write RUR RURAL:	
	4940 Eastern Avenue	D. STREET ADDRESS (If rural, give location)	5300
9 - 7 - 6	Baltimore, Maryland #21224	2436 Lodge Farm Road #2	
occurred ontributi ermined regular regular sassed pr	Male Negro 7. Married, Never Married (specify)	8-6-05 59	Under 1 Yr. If Under 24 Hrs. onths Doys Hours Min.
or cor cor cor cor cor cor cor cor cor c	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired) Advance STEE MIII.	Georgia	2. CITIZEN OF WHAT COUNTRY?
Tipet + + + odsi	13. FATHER'S NAME 15. Was Decoased Ever in U. S. Armed Forces? 16. SOCIAL	14. MOTALER'S MAIDEN NAME 200 Provided 17. INFORMANT	ADDRESS
IMPORTAN r his assistant Also, if the di s of any kind; ounced death ittendance on	(Yes, no or unknown) (If yes, give wor or dotes of service) 213-09-0866	RECORDS: BCH: 4940 Eastern	Avenue #21224
APO his as so, if f any inced enda	DISEASE OR CONDITION DIRECTLY	F DEATH	ONSET AND DEATH
	LEADING TO DEATH (This does not mean the made of dying, e.g., DUE TO	Cerebrovascular Accident	10 Minutes
OR: niner acture pron	heart failure, asthenia, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES (B)		
DIRECTOR cal examine al examine s; (3) A fract cian who pr si in regula	DISEASES OR CONDITIONS, if ony, giving		
dic dic	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
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ved b hosp natur d (6) ained	21D. TIME (Month) (Doy) (Yeot) (Hour) 21E. INJURY OCCURRED While At Not While At Work	21F. HOW DID INJURY OCCUR?	
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must be eleased ccident a hospit to deat al must	23A. SIGNATURE	23	
ficate r was re An ac A. at a prior f	NAME (Type) Dr. C. C. J. Carpenter M.D.		
certif body vs: (1) D.O.	Burual 6-18-65 Mt Calva	un tem a.a. Co	own, or county) (Stote),
This the show was dece	JUN 18 1965 PLANTE OF REGISTRAR VS 150-REV. 1/1/65	Rayner Sanders 217	Preston St

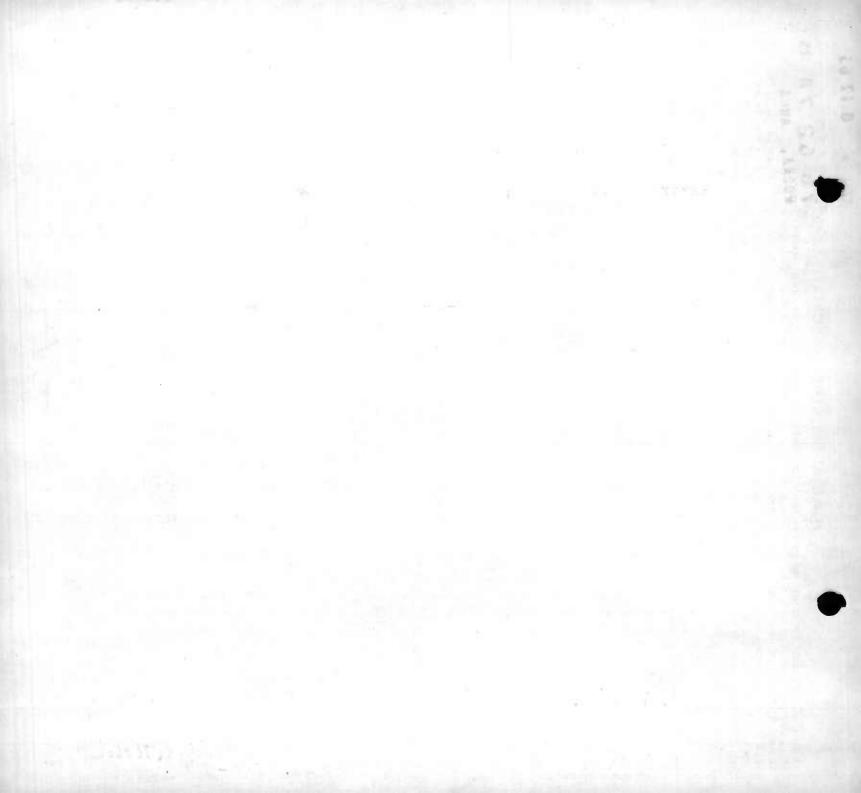


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	65	6364	CERTIFICA	TE OF DEATH	Registered No	. 65 6364
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				A, STATE B. COL	INTY 11	110
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location)				Maryla	ind /	RURAL and give township)
INSTITUTION	Provident		al			RUKAL and give township)
29	1514 Divi			D. STREET ADDRESS	lore	
			and 21217			
5. SEX 6.			NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hr. Months; Doys Hours; Min.
		WIDOWED,	DIVORCED (specify)		lost birthdoy)	Months Doys Hours Min.
Female	Negro	mari	TLECL BUSINESS OR INDUSTRY	June 1, 1880	85	12. CITIZEN OF
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				Maryland	TE BLANK	U.S.A.
13. FATHER'S NAME	D. 1	1 W.	0	14. MOTHERS MAIDEN N	AME 10/	(0)
	Tunknown	- 11e	al	unkno	own na	mbers
15. Was Deceased Ev	er in U. S. Armed Ford	ces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
(103, no of unknown) (II	yes, give wor or dote	3 Of Service)	SECURITY NO.			
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	X		CAUSE	PEAIN		ONSET AND DEATH
	OR CONDITION DIR	RECTLY	C 3		dant the	amblasi s
	mean the made of	dying, e.g.,	DUE TO	iovascular acc	raent, thr	OHIDOSIS
heart failure, as	Ihenia, elc. il means cation which caused	the disease,				
	TECEDENT CAUSES		(R) Cere	hral arterio-s	theroscler	osis
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nise to the UNDERLYING (CONDITIONS, if abave cause (A)	any, giving				
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OTHER SIGNIFICATION TO THE DEATH OF ON THE DEATH (Notify me of Injury (APPROX.) 21 D. TIME OF INJURY (APPROX.) 22. I certify the thot (I) (we) Io and hour and from the original of Injury (APPROX.)	CONDITIONS, if abave cause (A) CONDITION last. II CANT CONDITIONS CATH BUT NOT RELADIONITION CAUSING IN PERATION 198. CON WAS PERFORMED CAUSE OF edicol exominer) Month) (Day) (Year) Ot (I) (this hospital st saw the decease from the causes state of the causes of t	any, giving stating the CONTRIBUTING ATED TO THE T. ONTRIBUTING THE T. (Hour) 21E. Whill World	/HICH OPERATION PLACE OF INJURY (e.g., i e., form, factory, street, of injury occurred at Work At Work e At At Work e deceosed from June 15, (We) (did) (did not) w M.D. Attributed the control of	20A. AUTOPSY? (Yes or nor obout 21C. WHERE DID fiftee bidg., INJURY OCCUR? 21F. HOW DID II May 9, 19 65 ond liew the bady ofter deothers. 23D. ADDRESS	No) 20B. IF YES, WERI IN CERTIFYING C (If in Boltime NJURY OCCUR? 19 65 to that in (my) (our) of that in (my) (our) of the following state of the following s	June 15, 19 65 pinion deoth occurred on the de 238 DATE SIGNED June 15, 1965 imore, Maryland
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1	BIRTH NO. 65 6365 BALTIMORE CITY HEALTH DEPARTMENT 65 6365 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.	
T. NAM (Type of 3. PLAC FULL N. HOSPITA INSTITUT 5. SEX mal 10A. USI done duy 13:FATH 15. WAS (Yes, no. 9) 18.	M.E. CASE NO.	
	1. NAME OF DECEASED (Type or Print) 2. DATE AND HOUR PRONOUNCED DEAD	HE THE
	CHARLES COLLINS June 16, 1965 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before or	P M.
	A. STATE Maryland B. COUNTY	
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN (If outside corporate limits, write RURAL and give townsh Baltimore	ip)
	D. STREET ADDRESS (If rurol, give locotion)	H
	St. Josephs Hospital 1047 Harford Avenue 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 19. AGE (In years 1f Under 1 Yr, if Under	24 H
	WIDOWED, DIVORCED (specify) lost birthdoyf Months, Doys, Hours	Min.
	male colored surregue mutato	
The state of the state of	done during most of working life, even if retired) WHAT COUNTRY?	
	13-FATHER'S NAME 14. MOTHER'S MAIDEN NAME	7
	Engagener (office) John And Follows	1
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS	R PRONOUNCED DEAD 3. 1965
	(Yes, no or upknown) (If yes, give wor or dotes of service) SECURITY NO.	
		INCED DEAD 15 11:08 p M. institution: residence before odmission) write RURAL ond give township) ors If Under 1 Yr, If Under 24 Hrs. Months Doys Hours Min. 12. CITIZEN OF WHAT COUNTRY? INTERVAL BETWEEN ONSET AND DEATH t.ic. E FINDINGS CONSIDERED AUSES OF DEATH? (, give exoct locotion)
	DISEASE OR CONDITION DIRECTLY	INTERVAL BETWEEN ONSIDERED ATTE SIGNED 6-17-65
	LEADING TO DEATH Hypertensive and arterioscleration	
	(This does not meen the mode of dying, e.g., heart foilure, osthenia, etc. It means the disease, injury or complication which coused death.) DUE TO cardiovascular disease	
	ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	
	RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 19B. CONDITION FOR WHICH OPERATION Yes 19A. DATE OF OPERA	
	ZIA. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) home, form, factory, sheet, office bldg., INJURY OCCUR? etc.)	
	21D TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21F, HOW DID INJURY OCCUR? OF INJURY (APPROX.) WHILE AT NOT WHILE WORK	
	I certify that I held on Inquiry Inspection Autopsy and that on this basis, death in my opinion	
	resulted from: Notural couses X Accident Suicide Homicide Undetermined manner	
	CHIEF MEDICAL EXAMINER	NED.
	SIGNATURE A MALE ASSISTANT MEDICAL EXAMINER	
	EXAMINER'S ASSOCIATE MEDICAL EXAMINER 6-17	-65
	NAME (Type) Rudiger Breitenecker /	5
	23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY or CREMATORY 23D. LOCATION (City, town, or county)	stote)
	1 Quirial June 21/65 mt Calvary Ceny, a. a. County md	
	JUN 18 1965 Robert E. Farley M. M. Lan & Glacker 1/29 M.	28
	VS 151-REV. 1/1/65	Ting of

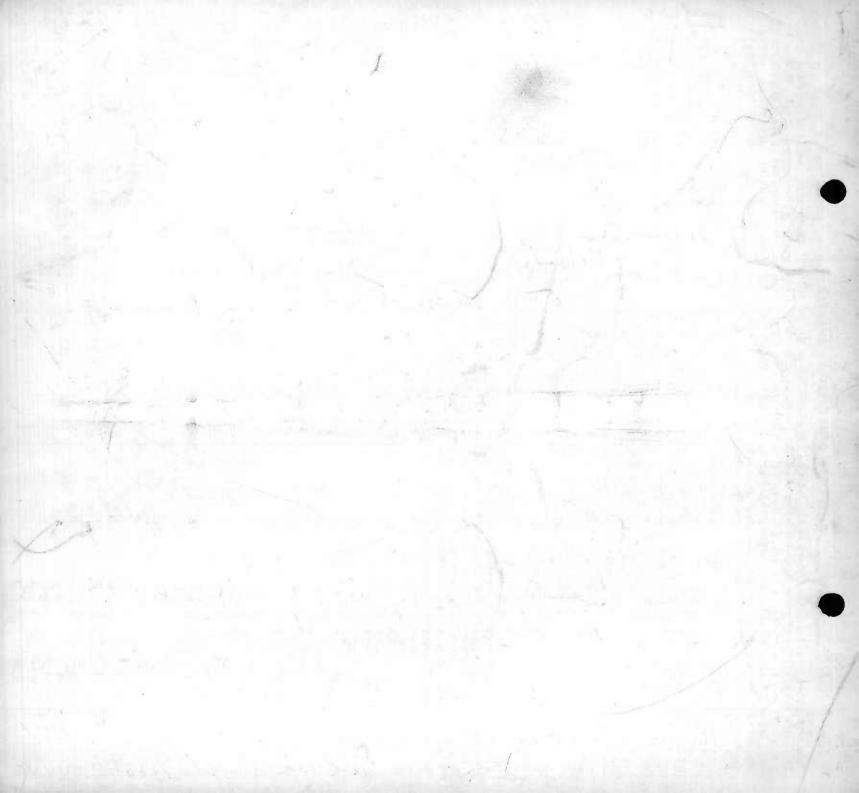




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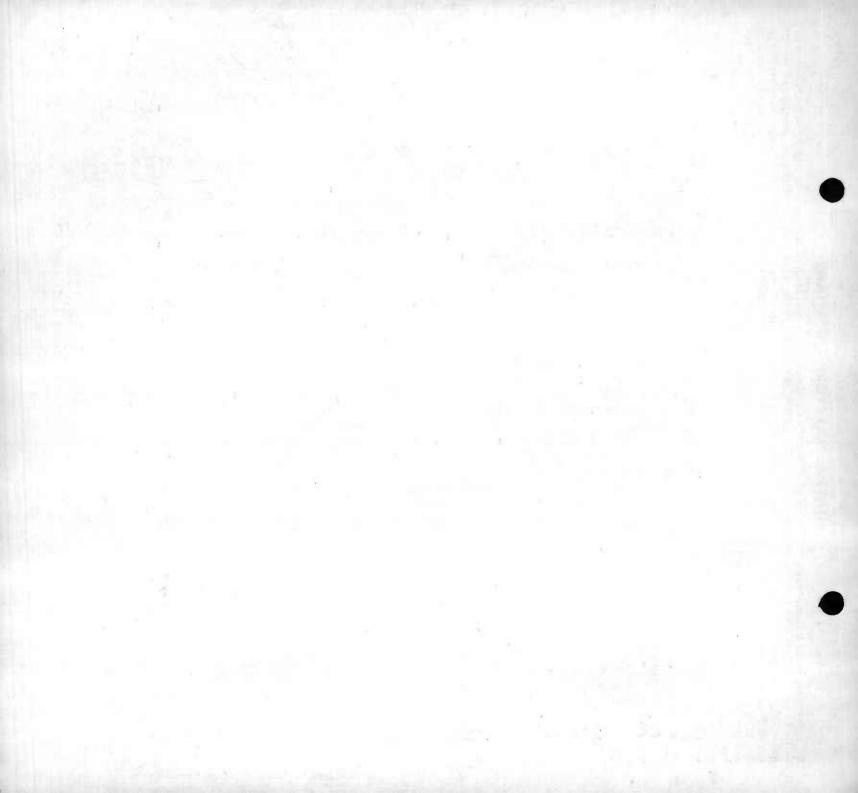
DIRECTOR:

FUNERAL

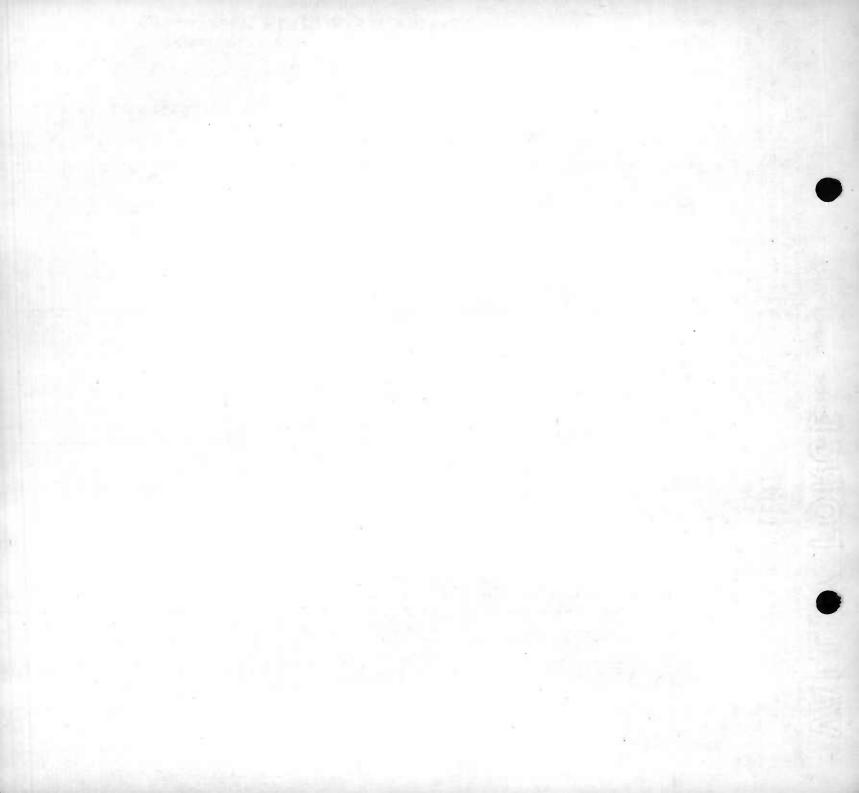


Name of Street	00	01
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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FUNERAL DIRECTOR: IMPORTANT	stant he di tind;	death se on
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	ate mass rel	at a ior t
	Hifically We	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendadedeceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death); written approval must be obtained before the remains are embalmed or final disposition is made.
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65 6368	BALTIMORE CIT	Y HEALTH DEPARTMENT	6	35 6268
BIRTH NO.	CERTIFICA	ATE OF DEATH	Registered No.	0000
M.E. CASE NO. 1. NAME OF DECEASED		2. DATE AN	ID HOUR OF DEATH	
Type or Printl / ZZ (2)	ed S	6/1	111	8158
B. PLACE OF DEATH IN BALTIMORE, MARYLAI	ND J	4. USUAL RESIDENCE (Whe	te deceased lived. If ins	titution: residence before admissio
		A, STATE B. COUN	ITY	5-26
FULL NAME OF (If not in hospital or ins	titution, give street	MARKE	ND	1) 5 6
HOSPITAL OR oddress or location)		C. CITY OR TOWN (If ou	tside city limits, write R	URAL ond give township)
		BALTINO	76	
1,74701.) 1100	245 741 .7 11.	D. STREET ADDRESS	rurol, give location)	4 4 4 9
LUTHERAN HOS	Abilac of LID	. 2605 KU.	SLYN	A16.
	ARRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 H
Z C "	(IDOWED, DIVORCED (specify)	The second second	lost birthdoy	Months Doys Hours Min.
A. USUAL OCCUPATION (Give kind of work 108,	KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or fore	ion country)	12. CITIZEN OF
one during most of working lite, even if retired)		2	0	WHAT COUNTRY?
UNEMPLOYED		Horusou h	nol	Wisht.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
Organia H. Km.	M	1, 6	211	
. Wos/Deceosed Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
es, no or unknown) (If yes, give wor or dotes of	SECURITY NO.	2 4 2	1	1 11
no.		XIlus Ohre	2818 Pe	eshen fl
18. 4.22 11	CAUSE	OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTL	Y			ONSET AND DEATH
LEADING TO DEATH	(0)	CV.D.		6 days.
(This does not meen the mode of dyin				
heart failure, asthenia, etc. It means the				
ANTECEDENT CAUSES	(8)			
	DUE TO			
DISEASES OR CONDITIONS, if ony, rise to the obove couse (A) stoli				
UNDERLYING CONDITION Iosi.	, 7,	······································		***************************************
OTHER SIGNIFICANT CONDITIONS CONTI				
TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	TO THE			
		20A. AUTOPSY? (Yes or No	20B. IF YES, WERE F	INDINGS CONSIDERED
WAS PERFORM	ED		IN CERTIFYING CAU	ISES OF DEATH?
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORM	21B. PLACE OF INJURY (e.g.,	in or obout 21 C. WHERE DID	(If in Bo)timore	City, give exact location
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, etc.)	office bldg., INJURY OCCUR?		
)				
21D. TIME (Month) (Doy) (Year) (Ho		21F. HOW DID INJ	URY OCCUR?	
(APPROX)	While At Not Wh			
22			1965 10 6	111 1011
22. I certify that (I) (this hospital) atte				
that (I) (we) lost saw the deceased ali	ve an 6	19 6 1 and th	at in (my) (our) apin	ian death accurred an the d
and haur ond from the causes stated a				
23A. SIGNATURE				23B. DATE SIGNED
6	M.D. At	tending Med.	Stoff Phys.	
236. PHYSICIAN'S	Ph		rnys.	6/11/85
NAME (Type)	1 1 7 - 1	23D. ADDRESS		,
Toon SUECA	IC LEE M.D	LUTHER	AN HOS	PITAL OILY
4A. BURTAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF C	REMATORY 24D. L	OCATION ICA	y, lown, or county) (State)
REMOVAL (Specify)	h+1.1.	1	20 th no.	
12000 p/10/63	In angen	mey 1	salto Me	
	NAME OF REGISTRAR	25C. PONERAL DIRECTOR	()670	ADDRESS
JUN 18 1965 R. D. A &	Jake Mills	((()	(A) XA	0
/S 150-REV. 1/1/65		11 20 0 6	, , , , ,	



			TY HEALTH DEPARTMENT	m 195	
BIRTH NO.	65 636	9 CERTIFIC	ATE OF DEATH	Registered No.	65 - 6369
M.E. CASE NO.		1	2. DATE A	ND HOUR OF DEATH	
Type or Print)	Nifer .	S. Water		E-15 196	5 About 200
PLACE OF DEATH IN	BALTIMORE, MARYLANI		4. USUAL RESIDENCE (Who	ere deceased lived. If inst	itution: residence before admiss
	If not in hospital or insti	tution, give street	Many	land	16-06
HOSPITAL OR	oddress or location)		C. CITY OR TOWN (1) or	utside city limits, write RU	IRAL and give township)
) 11	0	4	NAST.	More	
Heme-	2814 KAY	iver ma.	D. STREET ADDRESS (If	rurol, give locotion)	1.0
SEX 6. RAC	F 7. M	ARRIED, NEVER MARRIED	B. DATE OF BIRTH	19. AGE (In years	If Under 1 Yr. , If Under 24
MC	WII	DOWED, DIVORCED (specify)		lost withdoy	Months Doys Hours Min
OA. USUAL OCCUPATION one during most of working I		ND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or fore	eign country)	12. CITIZEN OF WHAT COUNTRY?
habor		Nona	Cambrida	ar md	11.5%.
3. FATHER'S NAME			14. MOTHER'S MAIDEN NA	ME	VI
-T-51 W	Malal un	CV8	Ma-lon	a shad some	
5. Was Deceased Ever in	U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	AL CONTRACTOR	ADDRESS
res, no grunknown) (If yes,	Aire wor or dates at se	SECURITY NO.			
11B. 44 44 3	VI	CAUSE	OF DEATH		INTERVAL BETWEEN
170	ONDITION DIRECTLY				ONSET AND DEATH
	NG TO DEATH	He	entensine Auto	-4 00/2 14	
	n the made at dying,	e.g., DUE TO	gentensive Arta		
	a, etc. It means the di n which caused death.	sease,	2110		
ANTEC	EDENT CAUSES		CVD.	~~~~~~~~	64 WILS
DISEASES OR CO	NDITIONS, if any,	aivina			
rise to the above	e cause (A) staling				
UNDERLYING CON	DITION last.				
I TO THE DEATH	CONDITIONS CONTRI				
		FOR WHICH OPERATION	20A. AUTOPSY? (Yes or N	ol 208. IF YES, WERE FIL	NDINGS CONSIDERED
	WAS PERFORME		0	IN CERTIFIING CAO.	SES OF BEATH:
OR CONTRIBUTING DEATH (notily medica	CAUSE OF	21B. PLACE OF INJURY (e.g. home, lorm, foctory, street, etc.)	olfice bldg., INJURY OCCUR?	(If in Boltimore	City, give exact location)
21D. TIME (Month) (Doy) (Year) (Hou	1 21E INJURY OCCURRED	21F. HOW DID IN.	JURY OCCUR?	
OF INJURY		While At Not W			
		Work L At Wo			
22. I certify that (1) (this hospital) atter	ided the deceased from	6-7-65		
that (I) (we) last s	aw the deceased aliv	e on 6-7	19 CJ ond th	hot in(my) (our) opini	on deoth occurred an the
ond hour ond from	the couses stated ob	ove. (1) (We) (did) (did not)	view the body ofter deoth.		
23A. SIGNATURE	. /	/			23B, DATE SIGNED
Kun	- whe	M.D. A	hys. Med. Director	Stoll Phys.	Jun 17, 196.
23C. PHYSICIAN'S			23D. ADDRESS		1
NAME (Type)	10/1000	M.I	1200 Alor	mindali	21
4A. BURIAL CREMATION	1218 DATE	24C. NAME of CEMETERY OF		OCATION (S:	town, or county) (Sto
REMOVAL (Specily)	1 In In	A APE	240.	LOCATION / (City	, town, or county) (Sto
BUTIAL	6-19-65	1111 - (ALLU)	try cervi le	Fronklyn	md.
SA. DATE REC'D BY HE	PEPT PEPT	AME OF REGISTRAR	25C. FUNERAL DIRECTO	R	ADDRESS
1014 T.9 190	a player E	, Mary and	C.O.,/	11 sport 100	oBrankley the
/S 150-REV. 1/1/65					7



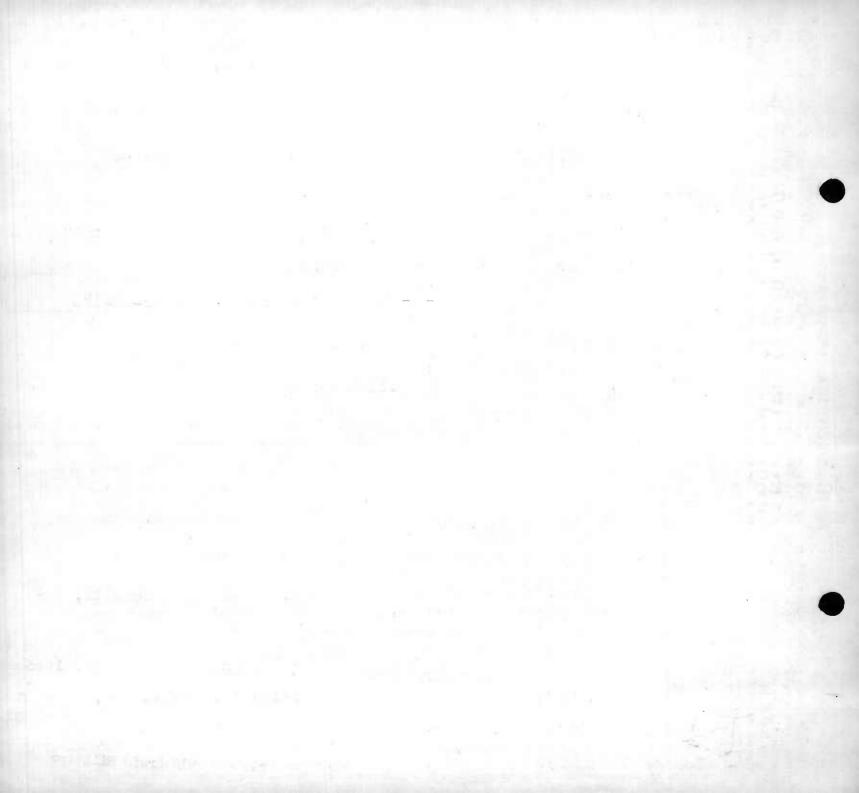
and

a hospital

BIRTH NO.	00 00	CEDTIFIC		F DEATH	Registered No.	6370
M.E. CASE NO.		CLKTIII	CAILO			00/0
I. NAME OF DECEA! Type or Print)					HOUR OF CEATH	
PLACE OF OBATH	Catheri	ne Jones	Ta Deur	June	11, 1965	6:20a
FULL NAME OF	(If not in hospital or	institution, give street	A. STAT	Marvland	Y	13-03
HOSPITAL OR INSTITUTION	oddiess or location)		C. CITY	Baltimor	ide city limits, write RU	JRAL and give township)
			D. STRE	T AOORESS (If re	urol, give location)	
Provid	ent Hospit	al		2353 Dru	id Hill A	venue
emale :	Negro	MARRIED, NEVER MARRIED WIOOWED, DIVORCED (specify Widowed	July	29.1897	67	If Under 1 Yr. If Under 24 H Months Ooys Hours Min.
		OB. KIND OF BUSINESS OR INDU	STRY 11. BIRTH	IPLACE (State or foreig	in country)	12. CITIZEN OF WHAT COUNTRY?
done during most of worl		none	Max	basil		U.S.A.
3. FATHER'S NAME	none	none		yland	NE .	U.S.A.
STATILES HAME			14. 7001	HER'S MAIDEN NAN		
	unknown		U	nknown		
	er in U. S. Armed Force		17. INFO	MANT		ADDRESS
	yes, give wor or ones	11215-01-			es daught	
18.331	XI	CAUS	SE OF DEATH			INTERVAL BETWEEN ONSET AND DEATH
	OR CONDITION DIRE					
	ADING TO DEATH	(A) C	erebro	-vascular	accident	
heart failure ast	mean the made of a henia, etc. It means t	dying, e.g., OUE TO				
	calian which caused a	I as a				A STATE OF THE STA
AN	TECEDENT CAUSES	(B) <u>G</u>	5.1. Bl	eeding	**************************************	
DISEASES OR	CONDITIONS, if an)			
rise la lhe	above cause (A)	stating the (C)				1666 6 00 v 0 000 x 0 x 1 x 1 x 1 x 1 0 0 0 0 0 0 0
UNDERLYING C	ONDITION last.					
7	11					
TO THE DEA	ANT CONDITIONS CO THE BUT NOT RELATE NOTION CAUSING IT.	EO TO THE				
19A. DATE OF OF	PERATION 198. COND	THON FOR WHICH OPERATION	20A.	AUTOPSY? (Yes or No)	20B. IF YES, WERE FI	NDINGS CONSIDERED
O O				no		
OR CONTRIBUTION DEATH (notify me	WAS UNCERLYING DIG CAUSE OF	21B. PLACE OF INJURY (home, form, factory, streetc.)	e.g., in or obout et, office bldg.,	21C. WHERE DID INJURY OCCUR?	(If in Bollimore	City, give exact location)
	Nonth) (Doy) (Year)	(Hous) 21 E. INJURY OCCURRED)	21F. HOW DID INJU	IRY OCCUR?	
(APPROX.)	o ^g	WOIK - AI	While Work			
22. I certify the	ot (1) (this hospital)	ottended the deceased from	J	une 8, 1	9 65 10.	June 11, 1965
	st saw the deceased	T 3 3				ion death occurred an the d
		d obove. (1) (We) (did) (did n				
23A. SIGNATURE	om the couses state	a obove. (I) (we) (ala) (ala n	of) view the	bady offer death.		ON OATE SIGNED
23A. SIGNATORE	5. 1	heodorf M.D.	Attending Phys.	Med. Director	Stoff Phys. 50	June 12, 1965
23C.PHYSICIAN'S NAME (Type		dana	23D. ADD	RESS		
			1	Division		timore, Maryla
24A. BURIAL CREMA REMOVAL (Spec		Mt Calvary Co		24D. LO		Md (Slote)
25A. OATE REC'O BY		SPANAME OF REGISTRAR	25C.	FUNERAL DIRECTOR		ADDRESS
JUN 18	1965 R. De B	E Jankey M. B.	A	dolphus Hal	stead 918 I	Druid Hill Ave

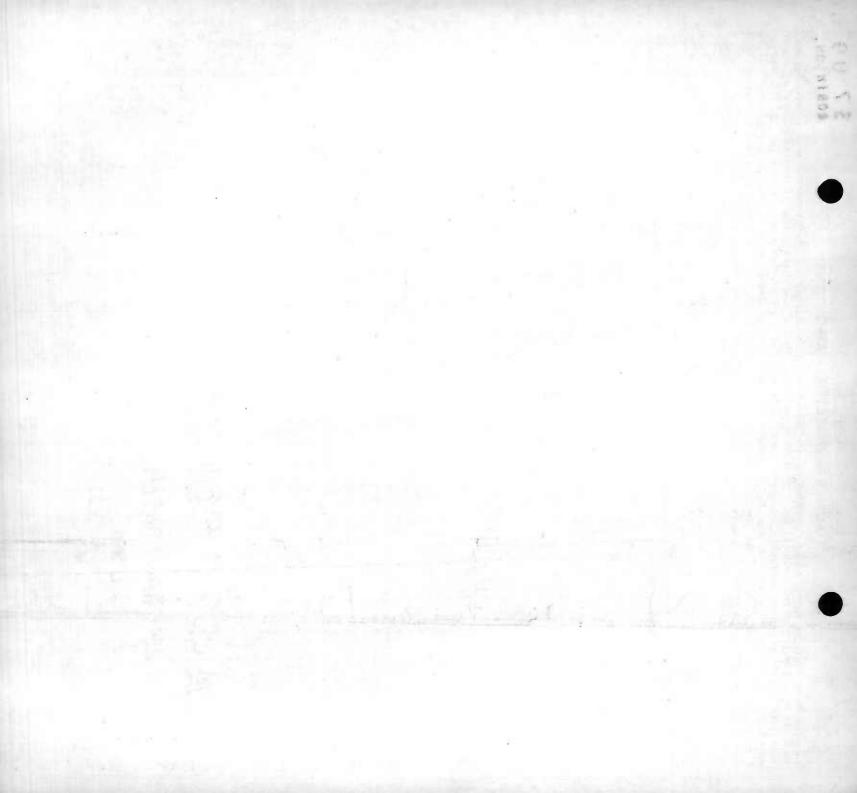
Halstead

Adolphus



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior fo death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

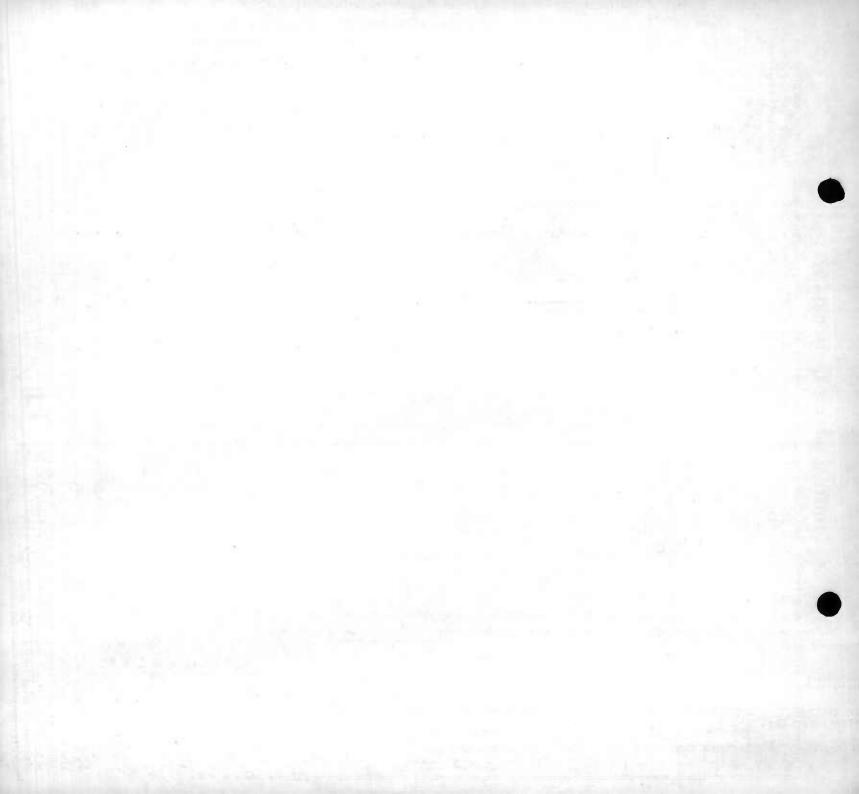
BIRTH NO. 65 6	274	ATE OF DEATH Registered No.	. 65 6371
M.E. CASE NO. 1. NAME OF DECEASED		2. DATE AND HOUR OF DEAT	гн
(Type or Print) Clarence	RobINSON	JUNG 17 196	5 5:30 A.
3. PLACE OF DEATH IN BALTIMORE, MA		4. USUAL RESIDENCE Whore doceosed lived. A. STATE B. COUNTY	
FULL NAME OF (If not in hospital HOSPITAL OR oddress or location INSTITUTION	or institution, give street on)	MARYLAND C. CITY OR TOWN (If outside city limits, write	e RURAL ond give township)
2		BALTIMORE	
JOHNS HOPKINS H	OSPITAL	D. STREET ADDRESS (If rurol, give locotion) 6513 CLEVELAND AVE	NUE
WHITE MALE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED Specify)	B. DATE OF BIRTH 9. AGE (In years lost birthday) 5-12-89 76	If Under 1 Yr. If Under 24 Hr Months Doys Hours Min.
		Y 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Machinist	Steel	West Virginia	U.S.A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	0.0011
Dana Danissan		C	
ROSS ROBINSON 5. Was Decoased Ever in U. S. Armod Fo	rces? 16. SOCIAL	ELIZABETH HORTMAN	ADDRESS
Yos, no or unknown) Ilf yes, give wor or dot		17. INFORMANT	ADDRESS
No	213-07-5784	Mrs. Clara Robinso 6513	Cleveland Ave.
DISEASE OR CONDITION D		OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A) Car	diac Insufficiency andial Infarct, Congest Failure	1-2 days
(This does not mean the mode o heart failure, asthenia, etc. It mean	s the discose,	andial INfarct, Congest	IRR
injury or complication which couse		Failure	10 days
ANTECEDENT CAUSE	S (B)		
DISEASES OR CONDITIONS, if rise to the above couse (A) UNDERLYING CONDITION tost.		Bleeding	2 weeks
OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REL DISEASE OR CONDITION CAUSING	ATED TO THE		
19A. DATE OF OPERATION 19B. COL		20A. AUTOPSY? IYos or No. 20B. IF YES, WEI	RE FINDINGS CONSIDERED CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH Inotify modical examiner	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)		nore City, givo exact location)
21D. TIME (Month) (Doy) (Yoorl	Hour 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
OF INJURY IAPPROX.)	While At Not Wh		
	Work At Worl		
	al) attended the deceased fram		TUNE 17 1965
that (I) (we) last saw the deceas	ed alive on JUNA 17	19 5 and that in (my) (aur) a	oplnion death accurred on the de
and haur and from the causes sto	ated above. (1) (We) (did) (did not)		
23A. SIGNATURE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		23 B. DATE SIGNED
A. Elevand	1 . 70 M.D. At	tending Med. Stoll Phys.	T 17 766
7 4 7 5 - 5	Ph Ph		JUNE 17,1865
D. EDWARDS SMI	TH M.D	Johns Nopkin	v5
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF C	REMATORY 24D. LOCATION	(City, town, or county) IStoto)
Burial 6/18/6	5 Plangant Will C.	omotorwy Moreonton	W Vo
		emetery Moggantown,	ADDRESS
JUN 18 1965 Pole	258 NAME OF TEGISTRAR	Ullrich Funeral Home Dur	
S 150-REV, 1/1/65			



BALTIMORE CITY HEALTH DEPARTMENT

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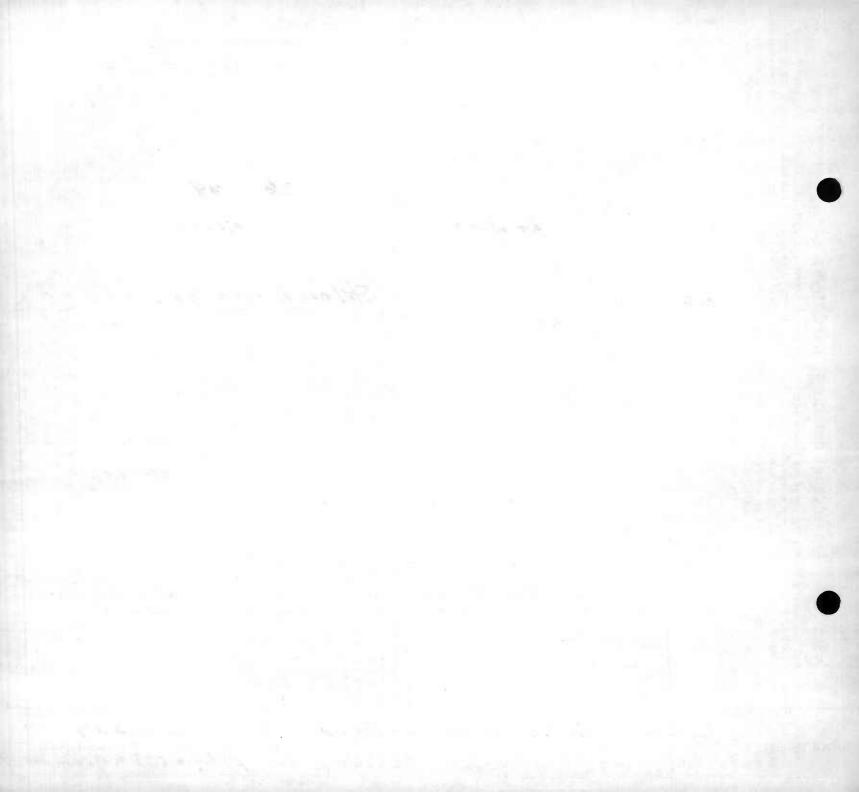


6374 MEDICAL EXAMINED'S CEPTIFICATE OF DEATHER 165 6374

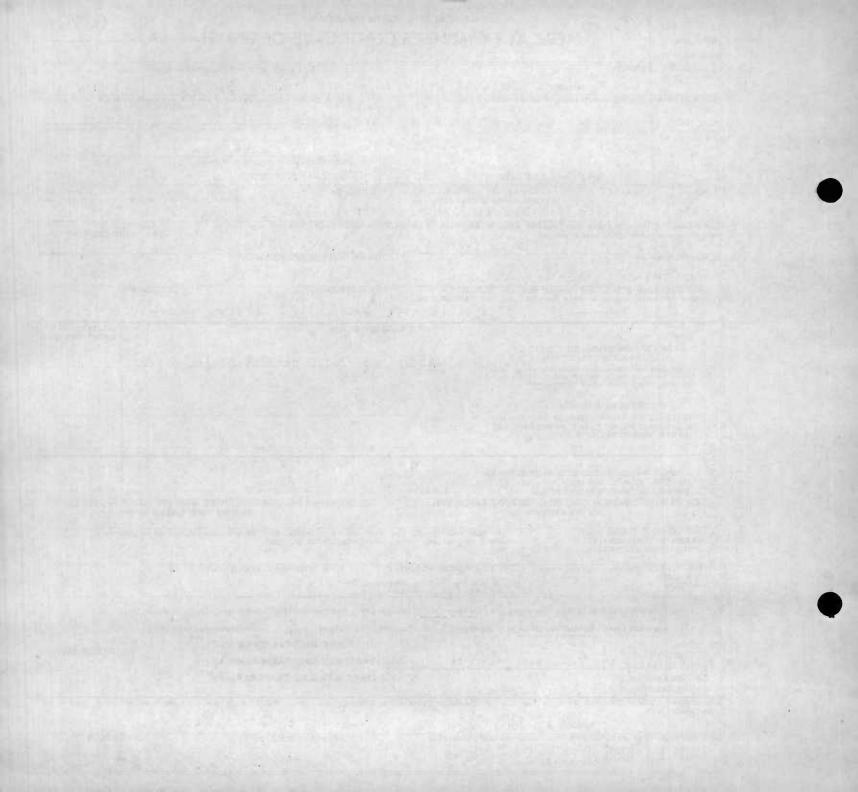
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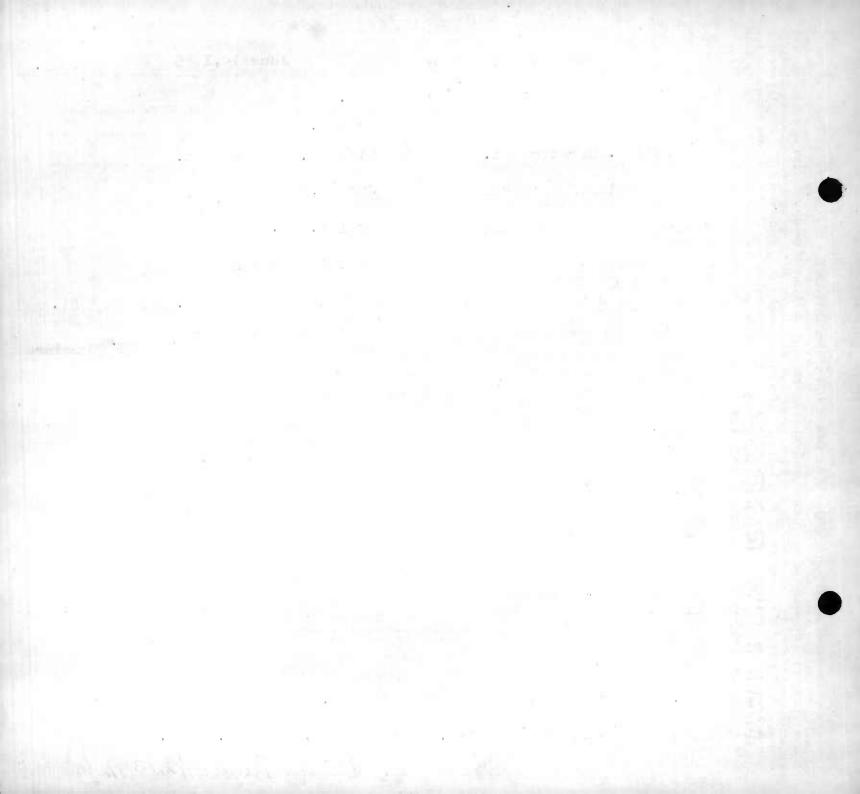
00	L EXAMINER 5 CI	EKTIFICA	E OF L	JEAIH Registe	ered (No.	, ,
M.E. CASE NO. 1. NAME OF DECEASED (Type of Print)			2. DATE AN	D HOUR PRONOUNC	ED DEAD	
(Type or Print) JAMES HAMMO	ND		June	16, 1965	10:0)5 P M
3. PLACE IN BALTIMORE MARYLAND, WHERE P		4. USUAL RESID		deceased lived. If inst	titution: residence before	- 1940
FULL NAME OF (IF NOT IN HOSPITAL OR	INCTITUTION CIVIC CURCET	A. STATE	arvland	B. COL	DNIT	
HOSPITAL OR ADDRESS OR LOCATION	INSTITUTION, GIVE STREET	C. CITY OR TOV	VN (If outside	e corporate limits, write	RURAL and give town	ship)
IN SHI OHON		В	altimor	e	6-01	
2 %		D. STREET ADDI	RESS (If rural,	give location)		
University H	ospital			ga Street		
	WED, DIVORCED(specify)	B. DATE OF BIRTI	4	9. AGE (In years last birthdoy)	If Under 1 Yr. If Un Manths, Days, Hou	der 24 Hrs. rs , Min.
male colored M	ARRIED			43		
10A. USUAL OCCUPATION (Give kind of work 10B. K dose during most of working lite, even if retired)	IND OF BUSINESS OR INDUSTRY			n country)	12. CITIZEN OF WHAT COUNTRY	'?
YONG CHANELLY AND	ET) BALTO.	BAUF			us-A-	
13. FATHER'S NAME		14. MOTHER'S M				
James W. Hammur	7	EdITH	MEA	D S		1000
15. WAS DECEASED EVER IN U.S. ARMED FORC		17. INFORMANT	-1		ADDRESS	
NO	218-26-4497	Edien	HAMA	OND		
1B.	CAUSE	OF DEATH			INTERVAL ONSET AN	
DISEASE OR CONDITION DIRECTLY	Y				ONSET AN	DULAIN
LEADING TO DEATH	(A) Fatty	cirrhosis	of the	liver		
(This does not meon the made of dying heart failure, asthenia, etc. It means the dinjury ar camplication which caused death.)	e.g., DUE TO					
					The same of the sa	
ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GI	VING (B)			************************		1000 ougs 00000000000
RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.						
	(C)			***************************************		
OTHER SIGNIFICANT CONDITIONS CONT TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION						
OTHER SIGNIFICANT CONDITIONS CONT TO THE DEATH BUT NOT RELATED	RIBUTING					
DISEASE OR CONDITION CAUSING IT.	*0*** 0*** 00** 000 00**** 000 00***					
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORME		20A. AUTOPSY	? (Yes ar Na)	20B. IF YES, WERE FII IN CERTIFYING CAUS	NDINGS CONSIDERED	
21A, EXTERNAL CAUSE WAS	OLD BLACE OF INITIES (Yes		res		
O UNDERLYING OR CONTRIB-	21 R. PLACE OF INJURY (e.g., home, farm, factory, street, a	ffice bldg., INJURY	OCCUR?	It in Baltimore City, gi	ve exoct locotion?	
UTING CAUSE OF DEATH.						
OF INJURY			DA DID INTO	RY OCCUR?		
(APPROX.)	m. WHILE AT NOT W	ORK				
22. I certify that I held on Inquiry	Inspection Aut	opsy X one	that on thi	s bosis, death in n	ny opinion	
resulted from: Natyrol couses				Indetermined monne		
1/14	Accident A solicitud		EDICAL EX		01	
ACTUAL (16)	units "	ASSISTANT M			DATES	IGNED
SIGNATURE VI	M.D.	ASSOCIATE M			6-17-	-65
EXAMINER'S NAME (Type) Rudiger Brei	tenecker	ASSOCIATE M	EDICAL EX	AMINER		
23A, BURIAL CREMATION, 23B. DATE	23C. NAME of CEMETERY .	CREMATORY	23 D. LO	CATION (City,	, town, or county)	(Stote)
REMOVAL (Specify)	mos and		13	anto mo	-	
24A. DATE REC'D BY HEALTH DEPT. 248,	NAME OF REGISTRAR	24C. FUNERA				
JUN 18 1965 Robert 8		manha	u Pd.	Lugar 638	N GILMON	e st
VS 151-REV. 1/1/65	, course, an		F 61	()		

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BIRTH NO.	WEL	ICAL EX	CAMINER'S C	EKIIFIC	AIE OF D	EAIH Register	ed Na	
M.E. CASE NO.								
1. NAME OF DEC	FILLOS	RICK U			2. DATE AND	HOUR PRONOUNCE	D DEAD	
		WANKMILI				15, 1965		1:15 p M.
3. PLACE IN BALT	IMORE, MARYLAND,	WHERE PRONO	JNCED DEAD	4. USUAL R	ESIDENCE (Where d	eceosed lived. If insti- B. COU	tution: residenc NTY	ce before odmission)
FULL NAME OF	(IF NOT IN HOSPI	TAL OR INSTITE	JTION, GIVE STREET	C CITY OR	Maryland		DILBAL	
HOSPITAL OR	ADDRESS OR LOC	ΑΠΟΝ)		C. CITY OR	IOWN (If outside	corporate limits, write	KUKAL ond	give township?
a N					Baltimon			12
90	2/2 0	D 1			DDRESS (If jurol, o			
U		Broadway			. Broadway			
5. SEX	6. RACE		NEVER MARRIED DIVORCED (specify)	8. DATE OF		9. AGE (In years lost birthdoy)	Months Do	Yr. If Under 24 His.
male	white		ER MARRIED		1898	67		
	JPATION (Give kind of wo vorking life, even if retired)		BUSINESS OR INDUSTRY	11. BIRTHPLA	CE (State or foreign	country)	12. CITIZEN	OF COUNTRY?
GUA	_		TILE CO.	M	ARYLANI		U.S	A
13. FATHER'S NAM					S MAIDEN NAME			
NOHN	F. WAN	KMILLE	ER	FV	I'M AMI	LL		
5. WAS DECEASE	D EVER IN U.S. ARME	D FORCES?	16. SO CIAL SECURITY NO.	7. INFORMA	NT		ADDRESS	
No	yes, give wor of ao	es of service	216-18-9152	Mr. Es	telle D. La	ngley - 241	P pA-c 8	Iderry &
1B.	0 1		CAUSE	OF DEATH	W-1	9		TERVAL BETWEEN
DISEASES RISE TO TH UNDERLYIN OTHER SIG	INTECENDENT CAUS OR CONDITIONS, IF E ABOVE CAUSE (A) IG CONDITION LAST. II NIFICANT CONDITION: DEATH BUT NOT R R CONDITION CAUSIN	ANY, GIVING STATING THE STATING THE STATING THE STATING THE						
19A. DATE OF	OPERATION 198, CO		WHICH OPERATION			OB. IF YES, WERE FIN N CERTIFYING CAUS		
UTING CAU	CAUSE WAS OR CONTRIB- SE OF DEATH.	21 B, home etc.)	PLACE OF INJURY (e.g., form, foctory, street,	in or obout 21	C. WHERE DID (If	in Boltimore City, giv	e exoct locoti	on)
OF INJURY (APPROX.)	(Month) (Doy) (Ye	V	VHILE AT NOT AT W	WHILE	F. HOW DID INJUR	Y OCCUR?		
22.	tify that I held an	Inquiry	Inspection X Aut	opsy	and that an this	basis, death In m	y apinlan	
	ted fram: Natural c		ccldent Suicid			determined manne		
16501	Training Training Co	ZOSES X	1 4		F MEDICAL EXA			
ACTUAL		E 6	W.	A CC. CT A N.				DATE SIGNED
SIGNAT	1 11	1 1	M.D.		T MEDICAL EXA	patrion .		6-15-65
EXAMIN NAME (9. /	E. Adam	18	ASSOCIAT	E MEDICAL EXA	MINEK		
23A, BURIAL CRE REMOVAL (Specify	MATION, 23B DATE	19 1965 Z	Oak. Les	wn	1 1/3	cation (Sity,	town, or coun	0.
JUN 18	1965 Rober	6 8, Fa	Dey MA	24C. FU	neral director	Butt.	230	ress 14 Mellers
VS 151-REV. 1/1/	65	11		11		- Julian	0	111



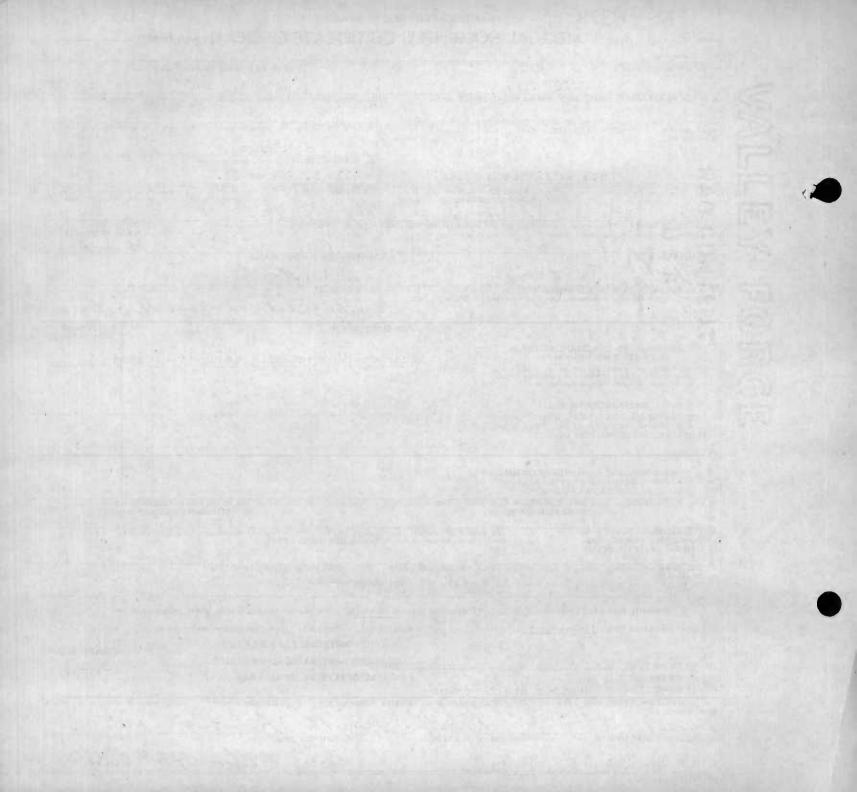


	AME OF DECEASE e or Print)	o Joseph But	3.00				nd Hour of DEAT		.75
3. P		IN BALTIMORE, MAI			II. HEHAL BE				:35
F	ULL NAME OF IOSPITAL OR NISTITUTION P		or institution, give s lospital on Street		Maryla c. city or t Baltin D. STREET AG	and rown (11 o more DDRESS (1	nere deceosed lived. II NTY outside city limits, writ	te RURAL ond give	
5. \$1			7. MARRIED, NEV		8. DATE OF B		llton Aven	If Under 1 Yr.	16 Hado
I	Male I	Negro	Widowed Widowed	ORCED (specify)	8-15-1	1894	lost birthdoyl	Months Doys	Hours
	during most of working	TON (Give kind of working life, even if retired)	108, KIND OF BUSI	NESS OR INDUSTR			reign country) [aryland	12. CITZEN O WHAT CO	
13. F	ATHERS NAME				14. MOTHER'S	MAIDEN NA	AME		
	100000	a But1	2/4		ANIA	lio	P		
15. V	Vas Deceased Ever	in U. S. Armed Force		OCIAL	17. INFORMAN	NT	,	ADD	RESS
1165,	A Control of the cont	res, give wor or dote:	or service/	19-01-9408	1 0000	0 13	t/pu to	26 N. C.	- 11
-	1B	V 1	QZ/	CAUSE	F DEATH	0 10	THAIM	INTER	AL BETW
ATION	OTHER SIGNIFICA TO THE DEATH DISEASE OR CON	bove cause (A) DNDITION last. II NT CONDITIONS CO H BUT NOT RELA DIDITION CAUSING IT	ONTRIBUTING TED TO THE	(C)	120 A AUTO	PSY? (Yes or h	Jall 208 IE ves mes	DE EINONGE CON	SIDERED.
RTIF	0	WAS PERF	ORMED				IN CERTIFYING	RE FINDINGS CON CAUSES OF DEATH	I?
CAL	21A. ACCIDENT W OR CONTRIBUTING DEATH (notify medi	AS UNDERLYING CAUSE OF	21 B. PLAC home, for etc.)	m, foctory, street,	in or obout 21C. INJU	WHERE DID JRY OCCUR?	(If in Boltin	nore City, give exoc	t location)
MEDI	OF INJURY	onth) (Doy) (Year)		IRY OCCURRED		HOW DID IN	IJURY OCCUR?		
<	(APPROX.)		While At Work	Not Whi					
	that (1) (we) lost	(1) (this hospital) t saw the decease m the causes state	d alive anJ	une 14,		55 and t	hat in (my) (our) a	June 14, upinian death occ	NED
	23A SIGNATURE 23C. PHYSICIAN'S NAME (Type)		and mi	Phy	ending 23D. ADDRESS	Med. Director	ion Street	June	14,

Calcolin Incomber.

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1	Bagar	Cy-	2	O

00	0010		BALTIMORE CITY HEAT				UC	0073
BIRTH NO.	MED	ICAL EX	CAMINER'S C	ERTIFICAT	E OF	DEATH Registe	ered Na	
M.E. CASE NO.		2767						
1. NAME OF DE	CEASED	6.			2. DATE AN	ID HOUR PRONOUNC	ED DEAD	
	WILLIE	JACKSO	N	Visit at the	June	17, 1965		10:10 a M.
3. PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONO	UNCED DEAD			deceosed lived. If ins B. COL	titution: resid	ence before admission
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)				C. CITY OR TOW	arylan	de carparate limits, wet	e RURAL on	d give township)
12					altimo		0	03
4)	South Balt	imore H	ospital	D. STREET ADDR				
5. SEX	6. RACE		NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years	If Under	1 Yr. If Under 24 Hrs
male	colored	Marr	DIVORCED (specify)	W. 17.	150	1 63	Manins	Days Hours Min.
	UPATION (Give kind of world			YII. BIRTHPLACE	State or forei		12. CITIZE	N OF
dane during mast af	working life, even if retired)			Va.			1	S. A.
13. FATHER'S NAM				14. MOTHER'S MA	IDEN NAM	E		
Ph.11.	is Vack.	50N		Nove	119			
	ED EVER IN U.S. ARMED		16. SO CIAL SECURITY NO.	17. INFORMANT			ADDRESS	Pr.
NO	yes, give wor at hore	s di Selvicei	SECORITI NO.	Julia	Jacks	ON 1258	N. 6	ilmor ST
1B	0.1.		CAUSE	OF DEATH				INTERVAL BETWEEN
DISEA	SE OR CONDITION DI	RECTLY						ONSET AND DEATH
	LEADING TO DEATH		Arter:	ioscleroti	c card	iovascular d	lisease	
(This does	not mean the made of c, osthenio, etc. It means	dying, e.g.,	DUE TO	***************************************				
injury or co	implication which coused	death.)						
	ANTECENDENT CAUSE	S						
DISEASES	OR CONDITIONS, IF A	NY, GIVING	(B) DUE TO					
UNDERLYI	TE ABOVE CAUSE (A) S'	TATING THE					1000	
Z			(C)					
OTHER SIG	II							
OTHER SIG	NIFICANT CONDITIONS DEATH BUT NOT RE	CONTRIBUTION	NG HE					
E DISEASE C	R CONDITION CAUSING	F IT.	(88888888888888888888888888888888888888					##\$ 00 00 00 00 00 00 00 00 00 00 00 00 00
O O	F OPERATION 198, CON WAS PER		WHICH OPERATION	20A. AUTOPSY?	(Yes or No)	20B. IF YES, WERE FI		
JEX					es	Yes		
O UNDERLYING	OR CONTRIB-	21 B.	PLACE OF INJURY (e.g., form, factory, street,	in ar about 21 C. W office bldg., INJURY	OCCUR?	(If in Baltimore City, gi	ive exoct loc	ation)
UNDERLYING UTING CAL	JSE OF DEATH.	etc.)						
21D TIME	(Manth) (Day) (Yeor	r) (Hour) 2	TE. INJURY OCCURRED	21 F. HO	LNI DID W	URY OCCUR?		
OF INJURY			WHILE AT NOT	WHILE				
22.		m.]\	WORK L AT W	VORK				
	rtify that I held an I	nquiry 🗌	Inspection Au	topsy X and	that an th	is basis, deoth In r	ny opinian	
resu	Ited fram: Natural ca	uses X	Accident Suicid		le 🗆	Undetermined mann	er	
	011					KAMINER [
ACTUA	L DAS	704						DATE SIGNED
SIGNAT		usu	M.D	ASSISTANT ME		The second	(6-17-65
EXAMII NAME (na Dec - 2 to	anaalras /	ASSOCIATE MI	EDICAL E	XAMINER	T SUG	
23A. BURIAL CRE		r Breit	C. NAME OF CEMETERY	Or CREMATORY	23 D. I	OCATION (City	, town, or co	ounty) (State)
REMOVAL (Specif		1.1	1 /	the fact	. 1	/ /	, 10 1111, 01 00	/
Burial	6-21-	65	Arbutus,	Mem. PK.	A	ibutus,	mo	
24A. DATE REC'D	BY HEALTH DEPT.	24B. NAME	OF REGISTRAR	24C. FUNERA	L DIRECTOR		AI	DDRESS
111N 1 0	1965 (P. P.	07	1	L.	e A.	Vila 184)	3N. 19	Mary S
0011 110		18 fa	Vice Mill	rong	27.1	0007 757 (11 00	2100070 21
VS 151-REV. 1/1.	/65			51.7	6.3	1		



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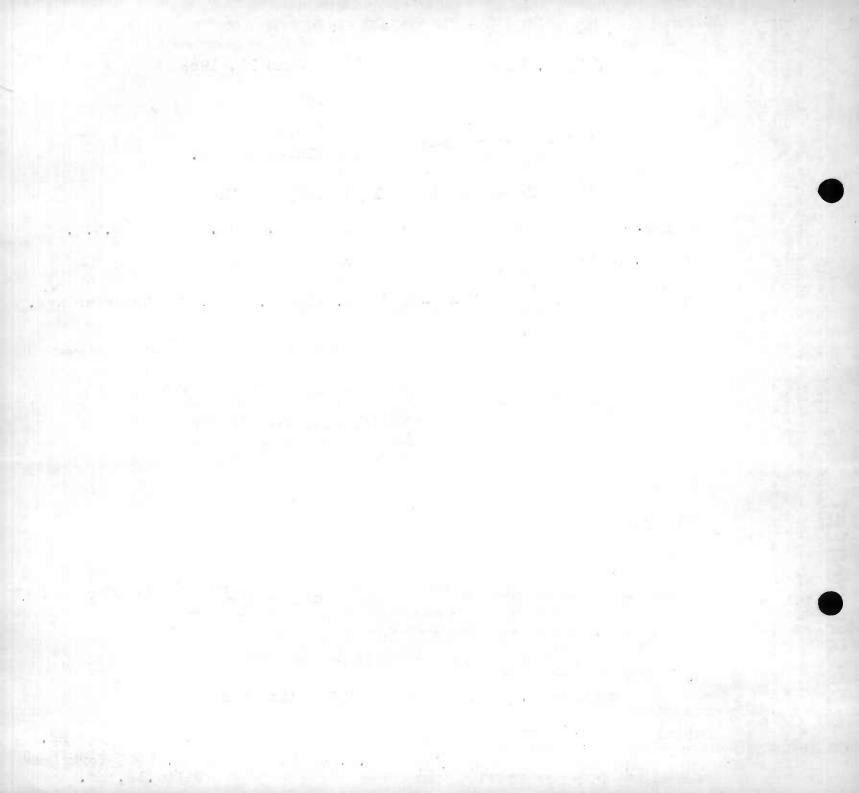
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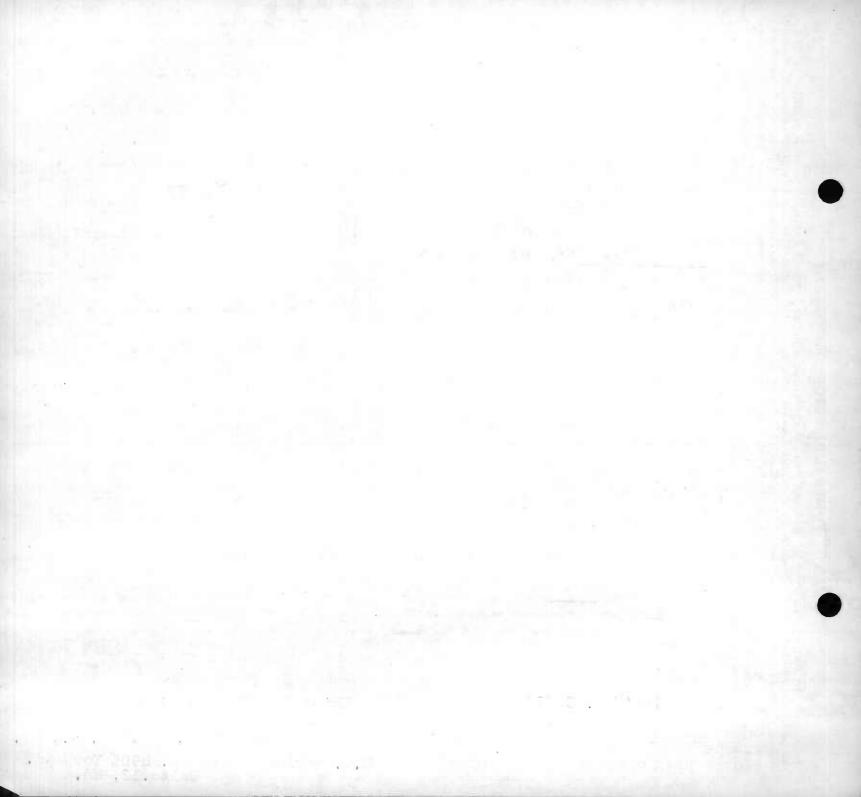
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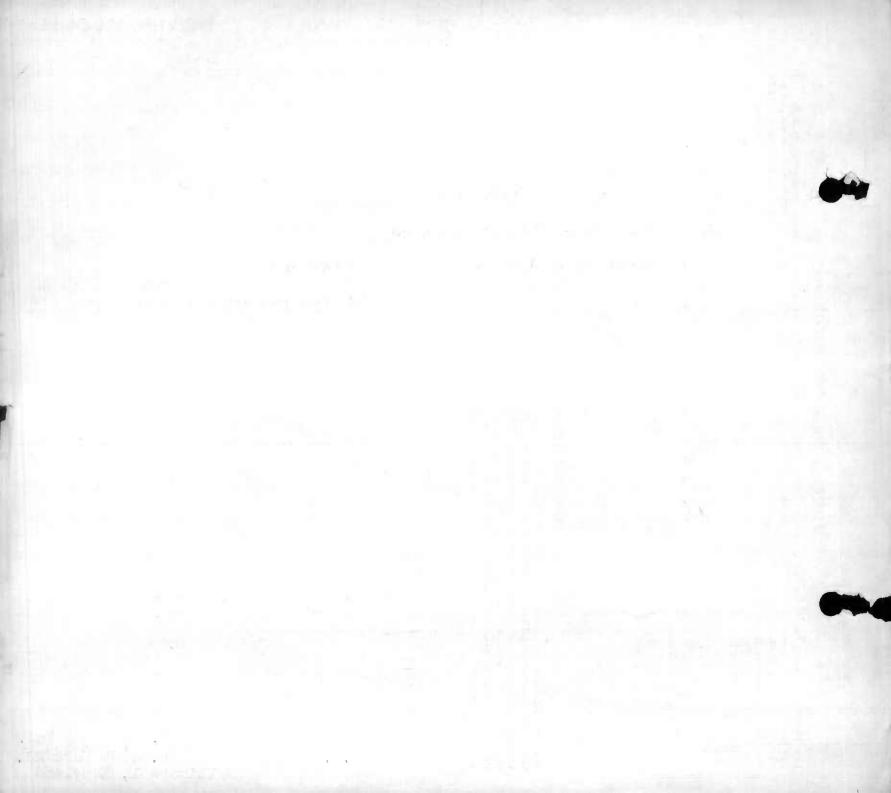
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DIRECTOR:

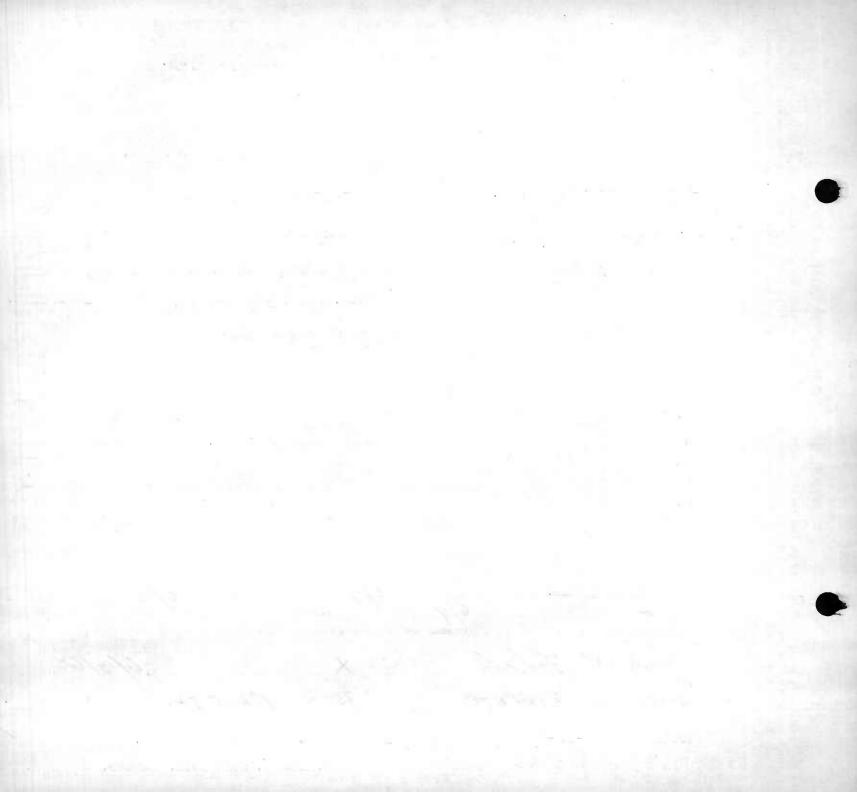
FUNERAL

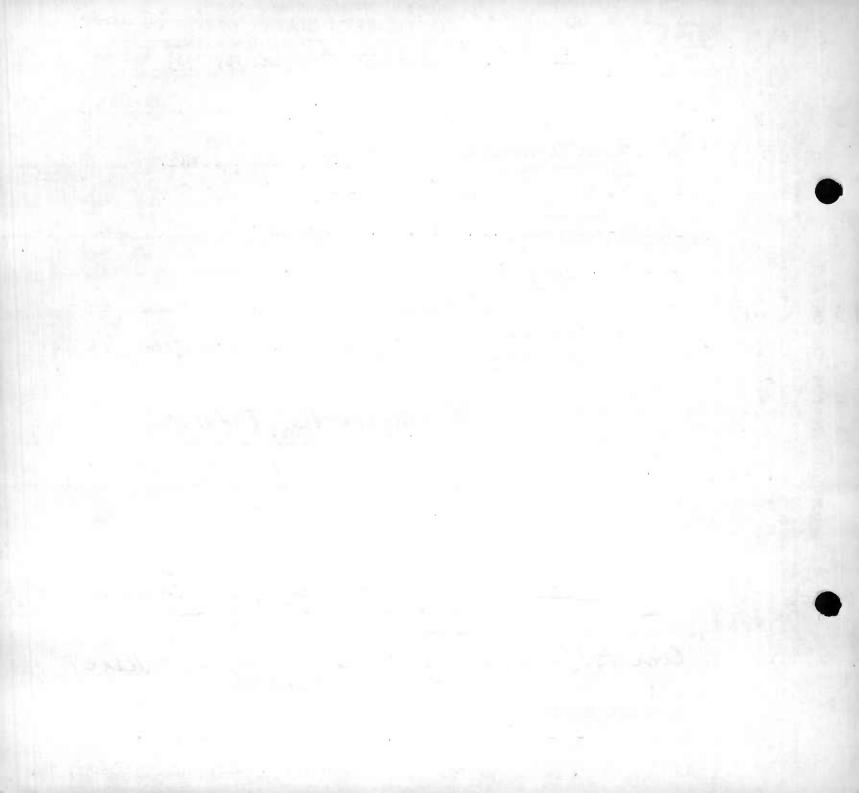




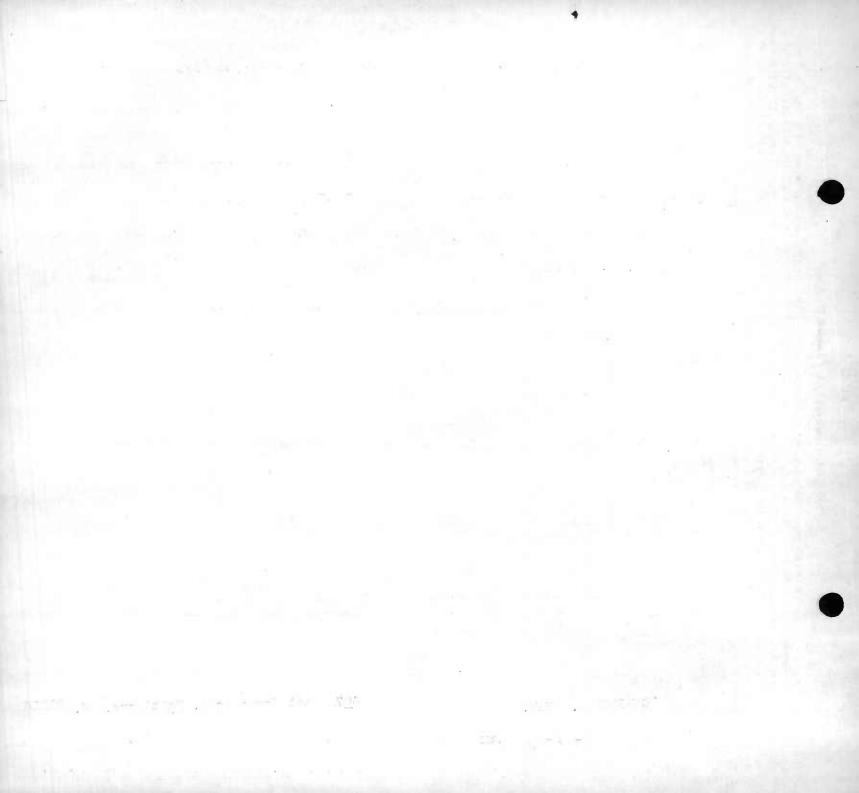


(If outside city limits, write RURAL and give township) If Under 24 Hrs. Hours WHAT COUNTRY? ADDRESS INTERVAL BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED (If in Boltimore City, givo exact location) ond that in (my) (our) opinion deoth occurred on the dote 23B, DATE SIGNED H.W. Jenkins & Sons Co. 4905 York Rd. Baltimore 12. Md.

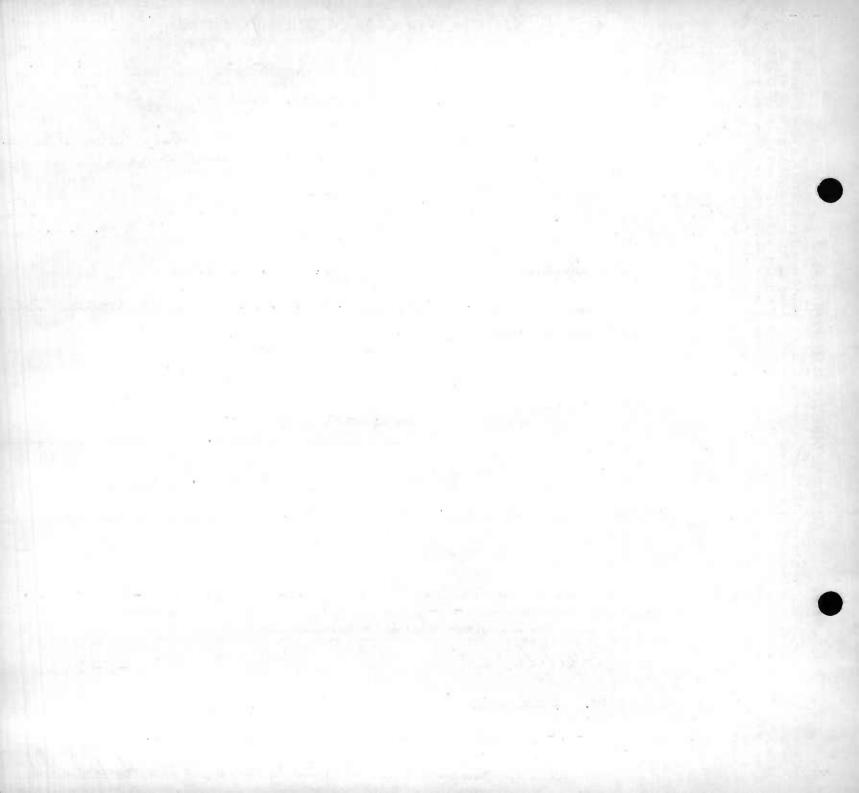




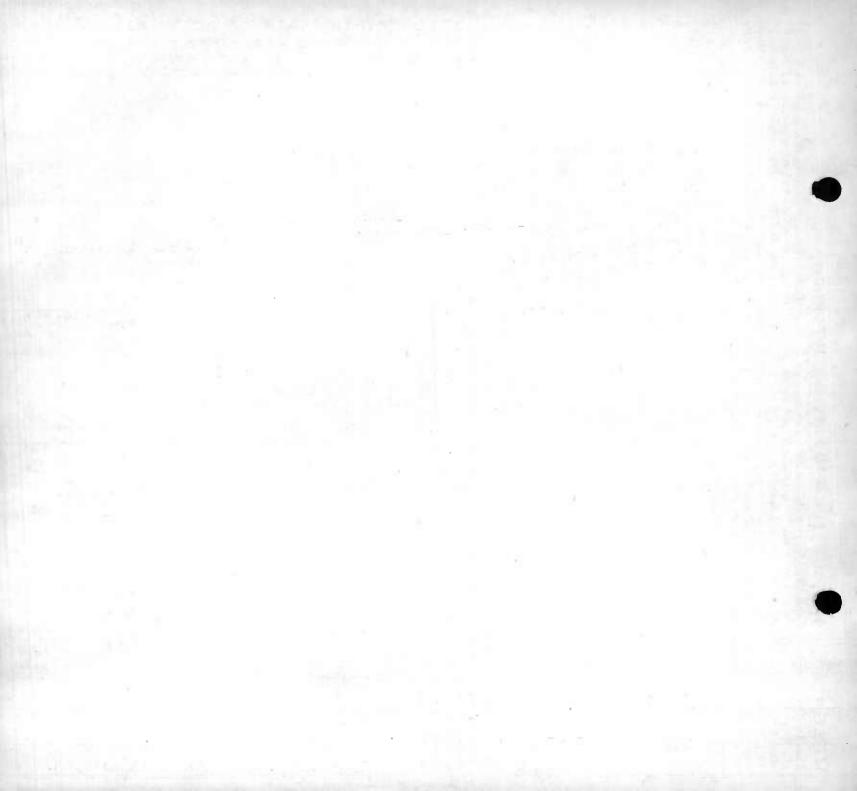
		05	A 0000	BALTIMORE CITY	HEALTH DEPARTMENT		CE OG
	NO.	60	• 6388	CERTIFICA	TE OF DEATH	Registered No	00
	CASE NO.	SED			2. DATE	AND HOUR OF DEAT	TH
Тур	ar Print)	A a		V:14.		,	
			urice (. Kilbou		2 17, 1965	
FI	JLL NAME OF OSPITAL OR ISTITUTION	(If not i	n hospital or institution location)	on, give street	A. STATE B. CO. Md. C. CITY OR TOWN (IF	UNTY	re RURAL and give township)
1	518 Nor	thhou	rne Road		Baltimore D. STREET ADDRESS	(If rurol, give location)	
						hbowrne Ro	
5. SE	ale	white	marv		2-28-1908	9. AGE (In years last birthday) 57	If Under 1 Yr. If Under 24 h Months Doys Hours Min.
	during mast of wor			OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fo	oreign country)	12. CITIZEN OF WHAT COUNTRY?
agne	ED 7	- / /		S. 1	Manuland		11CA
12 6	ATHERS NAME	eleph	one (ompo	iny Employee	14. MOTHER'S MAIDEN N	AAAF	UST
13. F	ATHEKS NAME				14. MOTHER'S MAIDEN N	AME	
	John 1	Kil	bourne		Kate Masli	7	
5. W	as Deceased E			1 6. SOCIAL	17. INFORMANT	•	ADDRESS
Yes,	no or unknown) (I	f yes, give	wor or dates of servi	SECURITY NO.			
	no			212050733	Kathryn K	ilbourne	same
1	B. 1 / 6			CAUSE O			
	1 6 m	-					ONSET AND DEATH
			ITON DIRECTLY	R	nchugenic	C	
		EADING TO		(A) 010	nenugenic	Carcini	ong Year
			made of dying,	o.g.,	9		
			If means the dise	ase,			
				/ 90			
	AN	ITECEDENT	CAUSES	DUE TO			
	DISEASES OR	CONDITIO	DNS, if any, giv	ving			
	rise to the above cause (A) stating the (C)					0000 000 00 00 00 0 11 1 1 1 1 1 1 1 1	
	UNDERLYING	CONDITION	N last.				
		- 11					
ATION		CANT CONE	DITIONS CONTRIBU				
				OR WHICH OPERATION	20 A. AUTOPSY? (Yes or	No. 208. IF YES WEE	RE FINDINGS CONSIDERED
CERTIFIC	0	- anchilyin	WAS PERFORMED	an arriver of Environ		RE FINDINGS CONSIDERED CAUSES OF DEATH?	
2	0						
-	21 A. ACCIDENT OR CONTRIBUTE DEATH (notify m	NG CAU	SE OF	21 B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	n or about 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Baltim	nore City, give exact lacotion)
0		Month) (Do	y) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID I	NJURY OCCUR?	
3	OF INJURY			While At Not Whi			
	(APPROX.)			Work At Work			
-	22. I certify al	ot (I) (shin	-hearisall assend	ed the deceased from	April	1052 40	19
				1	1416		
1	that (I) (we) Id	st sow the	deceased alive	on June	J 19 65 ond	that In (my) (aur)	pinion death occurred on the
1	and hour and f	rom the co	uses stoted abov	a. (1) (We) (did) (did ++++)	view the body ofter deat	1.	
	3A. SIGNATURE						23B, DATE SIGNED
ľ	10/1	1 (1	67 20/1	a. De		11-12	100
	M	and	2001	Gry Mr.D. Att	ending Med. S. Director	Stoff Phy s.	10 June 6)
1	CO. PHYSICIAN	S			23 D. ADDRESS		
	NAME (Typ	e)					
	CH	LARLIES	E. SHAW.	M.D.	6078 West Jo	ppa Road. B	altimore wa 2120
24A.	BURIAL CREM	ATION, 24B.		C. NAME of CEMETERY or CR			(City, town, or county) (State
	REMOVAL (Spe	ecify)		2			
	burial	6	-21-65 1	bruid Ridge (emetery	Baltimore	, //ld.
25A.	DATE REC'D B	Y HEALTH	DEPT. 258. NA		25C. FUNERAL DIRECT	OR	ADDRESS
	HIN 1 0	1965	00 20	X 0 40	Lagrand a	Ruch ana	Baltimore, Md.
	MINITED A.C.		11. Van. 17 20	ATCLA VINA PLE	Leonard 4.	NUCR YILC	DULLINUTE. Ma.



M.E. CASE NO.	CEASED		2. DAT	E AND HOUR OF DEAT	тн
(Type or Print)	Edna	Earle Archer		6-17-65	6:50 A. M.
3. PLACE OF D	EATH IN BALTIMORE, MA		4. USUAL RESIDENCE	Where deceased lived. If	institution: residence before admission)
FULL NAME	OF (If not in hospital	or institution, give street	Maryland,	Baltimore	Bolto
HOSPITAL OR	oddress or locotio	n)	C. CITY OR TOWN	If outside city limits, writ	e RURAL and give township)
2		City Hospitals	Rural	- F	(11 0 3 J 11 11 0
11		ern Avenue	D. STREET ADDRESS	(If rural, give location))
. SEX	6. RACE	, Maryland #21224	B. DATE OF BIRTH	CAVONICX #23	7
_		WIDOWED, DIVORCED (specify)		9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
Female	White	Widoved klob, kind of business or industr	3-9-89 RY 11. BIRTHPLACE (State of	76	12, CITIZEN OF
done during most o	working life, even if retired)				WHAT COUNTRY?
House			Maryland		U. S. A.
13. FATHER'S NA	ME		14. MOTHER'S MAIDEN	NAME	
W	lliam Barne		Laura	1. Robinson	
5. Wos Decease Yes, no or unknow	d Ever in U. S. Armed Fo	es of service) 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	7-11	217186583/	RECORDS: B.	C.H. 4940 Ea	stern Avenue #21224
1B. 5	0.31	CAUSE	OF DEATH	4114	INTERVAL BETWEEN ONSET AND DEATH
DISEA	SE OR CONDITION DI	RECTLY			ONSEI AND DEATH
(This does	LEADING TO DEATH	dving, e.g., DUE TO	ite Renal Failu	re	
heoil foilure	nol meon the mode of , osthenio, etc. It meons	the diseose,			
injuly of co	mplication which coused	D., 1	monary Embolis	em	
	ANTECEDENT CAUSES	DUE TO	The state of the s		
	OR CONDITIONS, if ne obove couse (A)	ony, giving	ll Bowel Gangre	ene due to	
	G CONDITION lost.	(0)		Boldus.	
_	11			20200	
OTHER SIGN	DEATH BUT NOT REL				
DISEASE OF	CONDITION CAUSING	IT. SMALL BOWEL	Gangrene due		TO PINDINGS CONSIDERED
E /	WAS PER	FORMED		IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
21A. ACCID	5-65 GENT WAS UNDERLYING	angrene Small Bowel	NO No obout 21 C. WHERE DI	ID (If in Boltim	nore City, give exact location)
OR CONTRIE	ENT WAS UNDERLYING UTING CAUSE OF	21B. PLACE OF INJURY le.g. home, form, foctory, street,	office bldg. INJURY OCCU	R?	
U	(Month) (Doy) (Year)		21F HOW DID	INJURY OCCUR?	
S OF INJURY	Coy (reon	While At Not W		HIJORI OCCUR:	
(APPROX)		Work At Wo	rk 🗀		
22. I certif	y that (1) (this hospita	1) ottended the deceased from		19 65 ta	6-17 19 65 ,
that (I) (we) lost saw the deceas	ed alive an 6-17-	19 65 an	nd that in (my) (our) o	pinian death accurred an the date
and hour a	nd fram the causes sta	ted obave. (1) (We) (did) (did nat)	view the bady ofter dec	ath.	
23A. SIGNAT	URE 11/	11			23B. DATE SIGNED
	Mal	Com M.D. A	ttending Med. hys. Director	Stoff Phys.	6-17-65
23C. PHYSICI	AN'S Tune		23D. ADDRESS		0-11-07
NAME	-	and Pathham M.	0.	TD 4	//03.00:
24A. BURIAL CR	Dr. HOW	ard Rathbun		Eastern Aver	City, town, or county) (State)
REMOVAL	(Specify)	Sr landa Dal	C .	0 /	MJ
DURLAL PEC'	D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	(emetery L	Baltimore, 1	ADDRESS ,
IIIAE 4	0 1006 0	and the state of t	9 1 A O	0	11 70 11
JUIL	0 1200 (15 0)	to be it all was	12 1 Rucks	Elma 53	105 Harrord Ro



-2117	BALTIMORE CITY HEALTH DEPARTMENT 65 6390
7007	M.E. CASE NO. 65 6390 CERTIFICATE OF DEATH Registered No.
anc eath asec the	I, NAME OF DECEASED 2. 2. DATE AND HOUR OF DEATH
S	(Typo or Print) MEISEL, CASPER, GEORGE JUNE 170, 1995 11:45PM
章	3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)
hospit se of (5) De ance death	13 12 0 201 0 201
F 20 0 0	HOSPITAL OR oddress or location)
s s s c	3116 WHITE AVE BALTIMORE
i Bat b	D. CYREST ADDRESS. (II
ed of control	BALTIMORE MS, 21214 3116 WHITE AVE
ccurr tribu mine gula sed mad	5. SEX 6. RACE WIDOWED, NEVER MARRIED WIDOWED, DIVORCED (specify) WARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) WARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) WARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)
o Correction of the correction	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF
or nde de de trior	RETIRED MACHINIT -Balto. City Depth ALTIMORE, M.S. U.SA.
os os	
isp tight	
AN stan stan ind; eatle	15. Wos Doceosod Ever in U. S. Armod Forces? (Yos, no or unknown) Uf yes, give wor or dotes of service) 220446804 216. SOCIAN A. A. M. M. S. A. M. S. B. L. T. B. L
- 22200	220446804 & SILG WHITE AUE, BRLTO H
ass ass if the lift t	IN CAUSE OF DEATH
Fance of o	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
Als of the name of	LEADING TO DEATH & HYPERTENSIVE ARTERIA
ם בים פים	heart foilure, ostheria, etc. It means the disease
ner. actuactural proprogram	injury of camplication which coused death, and a set of se
T fr	ANTECEDENT CAUSES DUE
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	DISEASES OR CONDITIONS, if any, giants is to the abave cause (A) stating the state of the state
3 (3) e l e	UNDERLYING CONDITION last.
ns;	
Ned Sy Ke	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
R f m m m m m m m m m m m m m m m m m m	
Ne hie	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yos or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exect location)
D be Se	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimoro City, give exect location)
2 + B	OR CONTRIBUTING CAUSE OF homo, form, foctory, stroet, office bldg., INJURY OCCUR? etc.)
d W Fre	OF IN HURY (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21F, HOW DID INJURY OCCUR?
Se de la company	While At Not White
ov no put	Work At Work
4 4 E S B B	22, I certify that (I) (this hospital) attended the deceased fram 19 to 6~18 19 65
be to to be	that (1) (we) last saw the deceased alive an 6-18- 19 65 and that in (my) (aur) apinion death occurred an the date
6 sed sed sunt contractions of the contraction	and haur and from the causes stated abave. (1) (W6) (did) (did nat) view the body after death.
de d	23A SIGNATURE 23B, DATE SIGNED 1210
al the selection of the	Columbia Comment of Med. Diroctor Phys. Stoff Phys. Stoff Phys.
N = 2 = 20	23C. PHYSICIAM'S NAME (Type) 23D. ADDRESS PARKULLE MEDICALCENTER
A And	EDMUNIS KASAITIS M.D. 8713 HARFORD RD; BALTINOREMO12123
H + XEOPS	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (Stote)
This certified shows:	
This the bashow was	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAY DIRECTOR ADDRESS
This the shov	JUN 18 1965 P. R. & Fr. O. M. Leonard J. Ruck Inc Baltimore, Md.
	VS 150-REV. 1/1/65



BIRTH NO.	WED	ICAL EX	CAMINER'S C	ERTIFICA	TE OF	DEATH Register	red No
M.E. CASE NO.							
1. NAME OF D	PECEASED				2. DATE AN	D HOUR PRONOUNCE	
		NRY J.	HAMMELMAN	6/19/65 5:50 a.			3 - 10
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD			4. USUAL RESID	DENCE (Where	deceased lived. If insti B. COU	tution: residence before odmissio NTY	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)				Marylan	d	RURAL and give township)	
			C. CITY OR TO			RURAL and give township)	
10					Baltim		-01
01	City Woonitel			D. STREET ADD			
C 48V	City Hospital					llicott St.	
5. SEX	6. RACE		NEVER MARRIED DIYORCED(specify)	8. DATE OF BIRT		9. AGE (In years last birthda 68	If Under 1 Yr. If Under 24 Hr. Months, Days, Hours, Min.
male	white			May 4, 1			
done desynamest	CUPATION (Give kind of wor of working life, even if retired)						12. CITIZEN OF WHAT COUNTRY?
		Sparro	ws Point			ty, Maryland	
13. FATHER'S NA				14. MOTHER'S N			
	Charles 1		in		garet Be	ehr	
	SED EVER IN U.S. ARMED		16. SO CIAL SECURITY NO.	17. INFORMANT			ADDRESS
Yes	0 0= =0 ==	-9-18	213-07-8759	Jerome	Hammel m	an 1503 33rd	d Street
18.	2.7			OF DEATH		411 ±/0/ //I	INTERVAL BETWEEN
THE SI TO THE SI TO THE DISEASE	YING CONDITION LAST. II GNIFICANT CONDITIONS DEATH BUT NOT RE OR CONDITION CAUSING	LATED TO T	HE				
9 2	WAS PER	FORMED	WHICH OPERATION	yes		IN CERTIFYING CAUS	ES OF DEATH?
UNDERLYING CA	IAL CAUSE WAS GOR CONTRIB- AUSE OF DEATH.	21 B. home etc.)	PLACE OF INJURY (e.g., , farm, foctory, street, c	in or about 21 C. V	WHERE DID Y OCCUR?	(If in Boltimore City, giv	e exoct locotion)
21 D TIME OF INJURY	(Manth) (Day) (Yea	rl (Haurl 2	1E. INJURY OCCURRED	21 F. H	OW DID INJ	URY OCCUR?	
(APPROX.)		m V	VHILE AT NOT	WHILE			
22.				E-3			
	ertify that I held on I		_			is bosis, deoth in m	y opinion
res	ulted from: Natural co	uses X A	ccident Suicid	-		Undetermined monne	r
ACTU	A1 1.00		1-1-		EDICAL E		DATE SIGNED
	TURE Wern	e u	7 M.D.	ASSISTANT M			(1001/10
	INER'S		7	ASSOCIATE A	MEDICAL E	XAMINER X	6/19/65
23A, BURIAL C	(Type) Werns		itz, M.D.	CDEAA ATO DY	23 D	OCATION (City,	tawn, or countyl (State)
REMOVAL (Spec	cify)			CKEN ATORT			
Burial	6-21-19		Sacred Heart			ltimore Coun	
24A. DATE REC	D BY HEALTH DEPT.	24B, NAME	OF REGISTRAR	24C. FUNER	AL DIRECTOR		ADDRESS
IIIN 2	1 1965 0 0 6	2 Fn.	Chopen .	Lilly	& Zeile	er Inc. 190	l Eastern Ave.
JUN 2	1 1965 17 0	12 42	View PAR				

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BIR	TH NO.	MEDI	CAL EXAMINE	R'S CE	RTIFICAT	E OF I	DEATH Register	red Na	
-	E CASE NO.								
1. (Ty	Pe or Print)		RD O. EBBERTS				ine 15, 1965		
3. 1	LACE IN BALT	MORE MARYLAND, W	HERE PRONOUNCED DEAD		4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission) A. STATE B. COUNTY				
HO	LL NAME OF SPITAL OR TITUTION	ADDRESS OR LOCA	AL OR INSTITUTION, GIVE ST	TREET		ryland N (If outsid	e corporote limits, write	RURAL and give township)	
6	D	2263 W. Balt	imore Street		Baltimore D. STREET ADDRESS (If rurol, give locotion) 2263 W. Baltimore Street				
5. 5	Male	6. RACE White	7. MARRIED, NEVER MARRI WIDOWED, DIVORCED(spec		B. DATE OF BIRTH	707/	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months, Ooys Hours, Min.	
10A	USUAL OCCU	PATION (Give kind at work	Divorced TOBL KIND OF BUSINESS OR	INDUSTRY	JULY 14			12, CITIZEN OF	
		orking life, even if retired)		III DO SIKI			in country?	WHAT COUNTRY?	
	Clerk	E	Steel		Marvlan		E	U.S.A.	
1	William	H. Ebbert	S		Lollie	Mitch	nell		
15. (Yes	WAS DECEASED	O EVER IN U.S. ARMED	s of service) SECURITY I	NO.	7. INFORMANT			ADDRESS	
	No		212-05-			d R. I	Ebberts-54	74 Addington Rd	
	18.	20/01		CAUSE	OF DEATH			INTERVAL BETWEEN ONSET AND DEATH	
	DISEAS	E OR CONDITION DI LEADING TO DEATH			1		1		
	heort foilure,	ot meon the mode of osthenio, etc. It meons oplication which caused	dying, e.g., DUE		osclerotic	cardi	disease		
	A	NTECENDENT CAUSE	S						
		OR CONDITIONS, IF A		то					
z	UNDERLYIN	G CONDITION LAST.	(C)						
5		II							
CERTIFICATION	TO THE	IIFICANT CONDITIONS DEATH BUT NOT REI CONDITION CAUSING	ATED TO THE Tat	ty met	amorphosi	s of 1	iver		
CERT			DITION FOR WHICH OPERA	TION	Yes	(Yes or No)	20B. IF YES, WERE FIN IN CERTIFYING CAUS		
	21 A. EXTERNAL UNDERLYING UTING CAUS	OR CONTRIB-	21B. PLACE OF INJ home, form, foctory, etc.)	URY (e.g., in , street, of	fice bldg., INJURY	HERE DID OCCUR?	(If in Boltimore City, give	ve exoct location)	
Σ	21 D TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeor	WHILE AT	NOT W		M DID INT	JRY OCCUR?		
	22. I cert	ify that I held an I	m. WORK L			that an thi	is basis, death in m	ny apinian	
	result	ed from: Natural ca	ISES X Accident	Sulcide		le 🗌 👢	Undetermined manne	er	
	ACTUAL SIGNATI		5. Adlen	/ 45	CHIEF ME	DICAL EX		DATE SIGNED	
	EXAMIN NAME (1	ER'S	hn E. Adams, M.	D .	ASSOCIATE ME			6-16-65	
	BURIAL CREA	AATION, 23B, DATE	23C. NAME of CI		CREMATORY	23 D. L	OCATION (City,	town, or county) (State)	
I	Burial DATE REC'D	6/19	65 Loudon	Park	Cem.	Ba L DIRECTOR		Maryland	
	JUN 21	1965 Robert	E. Farley M. B.		Walter	s Fun	eral Home	Pratt & Strickers Sts	
VS	151-REV. 1/1/6	5		100 /	61	0.0			

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Arlington National Cem. Arlington.

De Vol

24C. FUNERAL DIRECTOR

Va.

D.C.

Wisc. Ave

Home

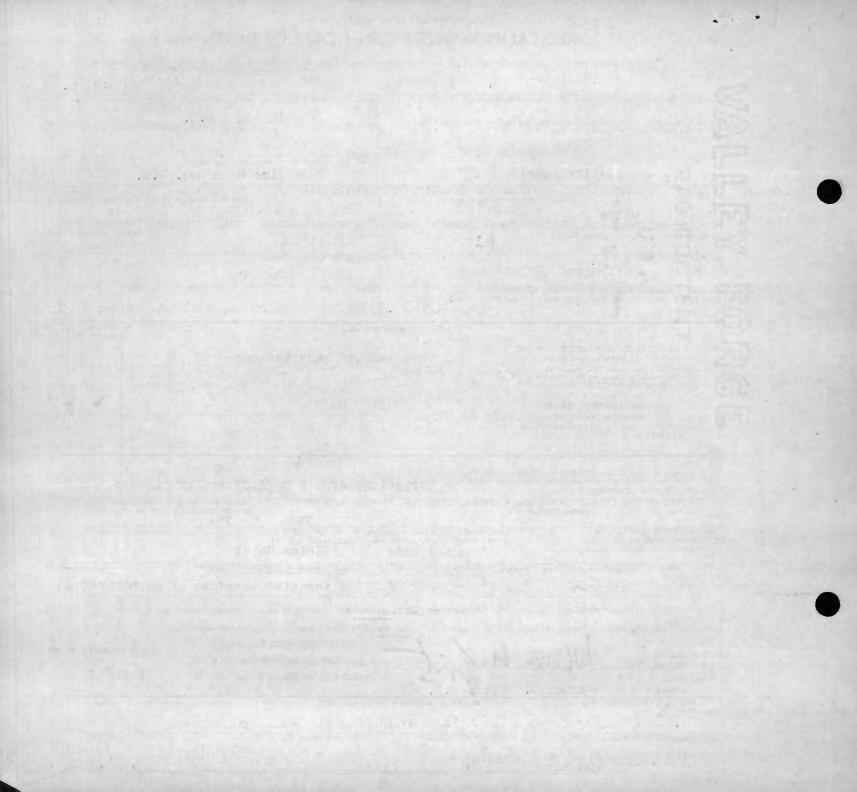
6-15-65

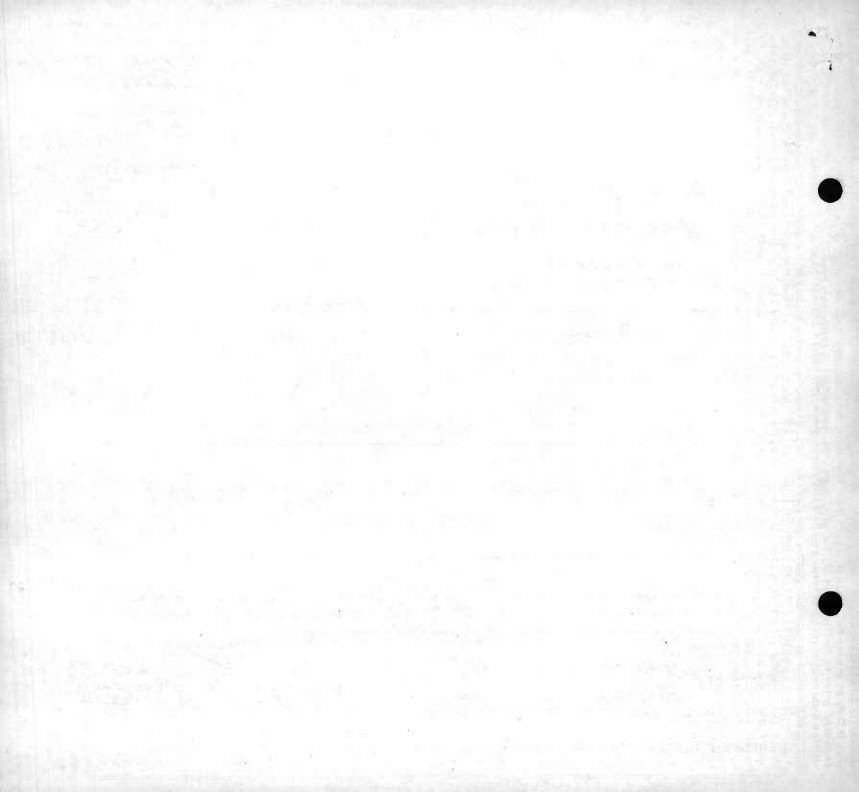
248 NAME OF REGISTRAR

Burial

VS 151-REV. 1/1/65

24A. DATE REC'D BY HEALTH DEPT.



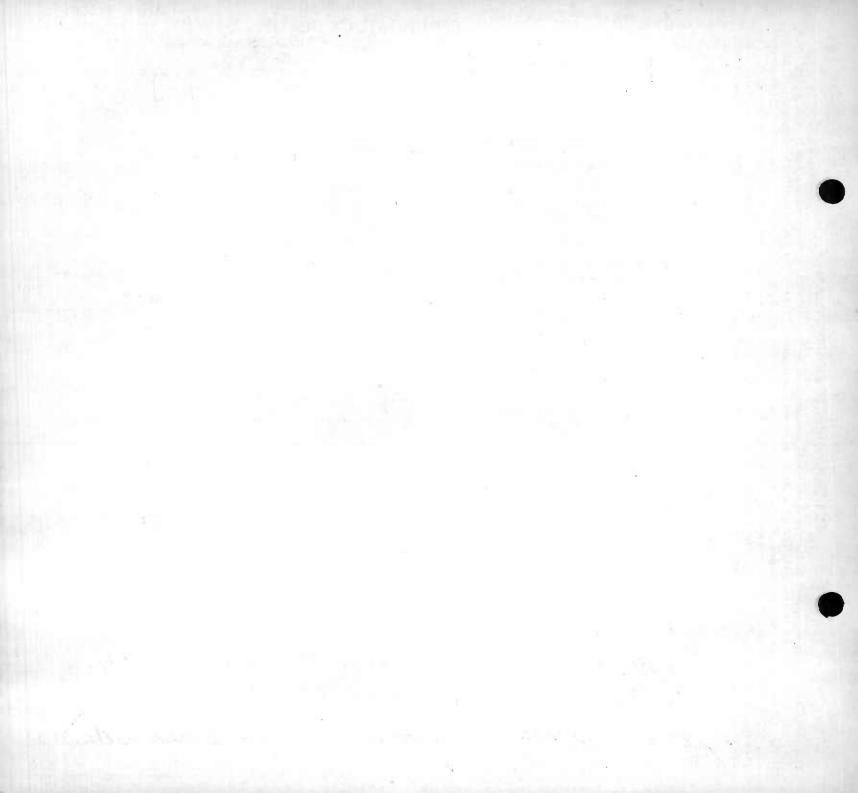


FUNERAL DIRECTOR: IMPORTANT

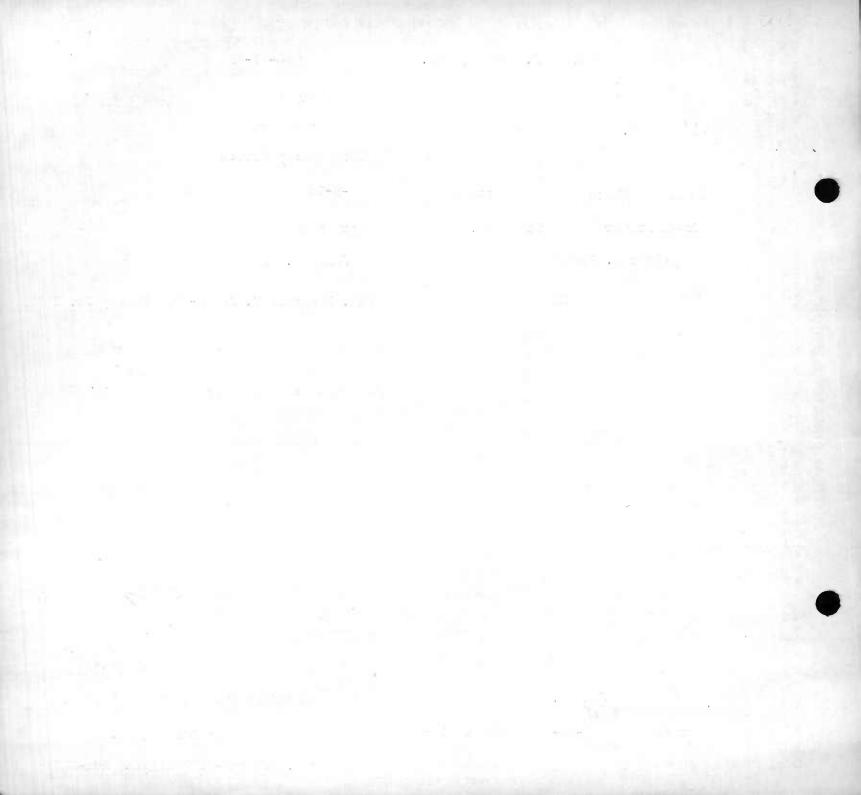
		BALTIMORE CITY	HEALTH DEPARTMENT		0005
BIRTH NO.	65 639	5 CERTIFICA	TE OF DEATH	Registered No.	15 5335
	F DECEASED	Inhan/	6	16/65	1/120 Q.N
3. PLACE C	OF DEATH IN BALTIMORE, MARYLAND	7000	4. USUAL RESIDENCE (WHOM	e deceosed lived. If inst	litution: residence before admission)
FULL NA		ution, give street	Marylan	L	31-18
INTERNET	71.00.3.1	,00	C. CITY OR TOWN - (If out	side city limits, write RL	JRAL and give township)
2010	nteredo State Hoz	pular		rurol, give location)	4
			3408 W.	Belvedere	Ave.
mat mat		OWED, DIVORCED (specify)		9. AGE (In years lost birthdoy) 75 80	tf Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
Jone during	OCCUPATION (Give kind of work 10B, KIP most of working life, even if retired)	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign	gn country)	12. CITIZEN OF WHAT COUNTRY?
Co	kper 8 mach		gel.		USA.
3. FATHER	S NAME	14	14. MOTHER'S MAIDEN NAM	AE /) 0 44
5 Was Do	coused Ever in U. S. Armed Forces?	Tirenson	17. INFORMANT	/arca/	nitchell ADDRESS
Yes, no or un	nknown) (If yes, give war at dates of ser	vice) SECURITY NO.	Hospital Re	conds.	ADDRESS
18.	0	LENKHOWN CAUSE O	- /		INTERVAL BETWEEN
1	I DISEASE OR CONDITION DIRECTLY			D , _	ONSET AND DEATH
	LEADING TO DEATH	(A) CO	rebial throm	pores e	10 monetes
hearl	daes nat mean the made of dying, ailure, asthenia, etc. It means the dis	e.g., DUE TO	t. Remislese	an	
injury	or camplication which caused death,) ANTECEDENT CAUSES	(B)	The state of the s		100
DISEAS	SES OR CONDITIONS, if any,	DUE TO			
rise 1	to the above cause (A) stating			488000000000000000000000000000000000000	
ONDE	RETING CONDITION IGSI,				
≥ TO T	SIGNIFICANT CONDITIONS CONTRIB HE DEATH BUT NOT RELATED TO SE OR CONDITION CAUSING IT.	UTING O THE CONTENING	Perolie heart	Varance	Some Years.
	ATE OF OPERATION 198. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.		NDINGS CONSIDERED
OR CO	CCIDENT WAS UNDERLYING NTRIBUTING CAUSE OF (notify medical examine)	218. PLACE OF INJURY (e.g., in home, form, foctory, street, or etc.)	or obout 21C. WHERE DID	(If in Boltimore	City, give exact location)
21 D. TI		21E, INJURY OCCURRED	21 F. HOW DID INJU	JRY OCCUR?	
E (APPRO		While At Work Not While At Work	•	,	
22. I c	ertify that (1) (this haspital) atten	ded the deceased from	11/9/64	9 10 6/1	6/65- 19
that (I)) (we) last saw the deceased alive	on 6/16/65	/ /- /	/ .	an death accurred an the dat
and ha	our and fram the causes stated aba	ve. (1) (We) (dig) (did nat) v	riew the bady after death.		
23A. SIC	ON ATURE	0			23 B. DATE SIGNED
	Noncel J. J.	Phy	s. Director	Stoff Phys.	6/16/65
	YSICIAN'S AME (Type) Daniel G. Le	M.D.	23D. ADDRESS 230/ Corgenne	Diene, Ball	Tenere 16, rod
	L CREMATION, 24B. DATE 2	4C. NAME of CEMETERY OF CRI	MATORY 24D. LC	CATION (City,	, town, or county) (State)
Bu	rial 6-18-65	Loudon Par	W Cem. K	Ballo. h	1.
SA. DATE		MELOF REGISTRAR	25C. FUNERAL DIRECTOR	11 4	ADDRESS
JUN	410-240-	Farbey M. R	John C. K.	reller In	64/5 Belan
/C 150-PEV	. 1/1/65		11//1	1	

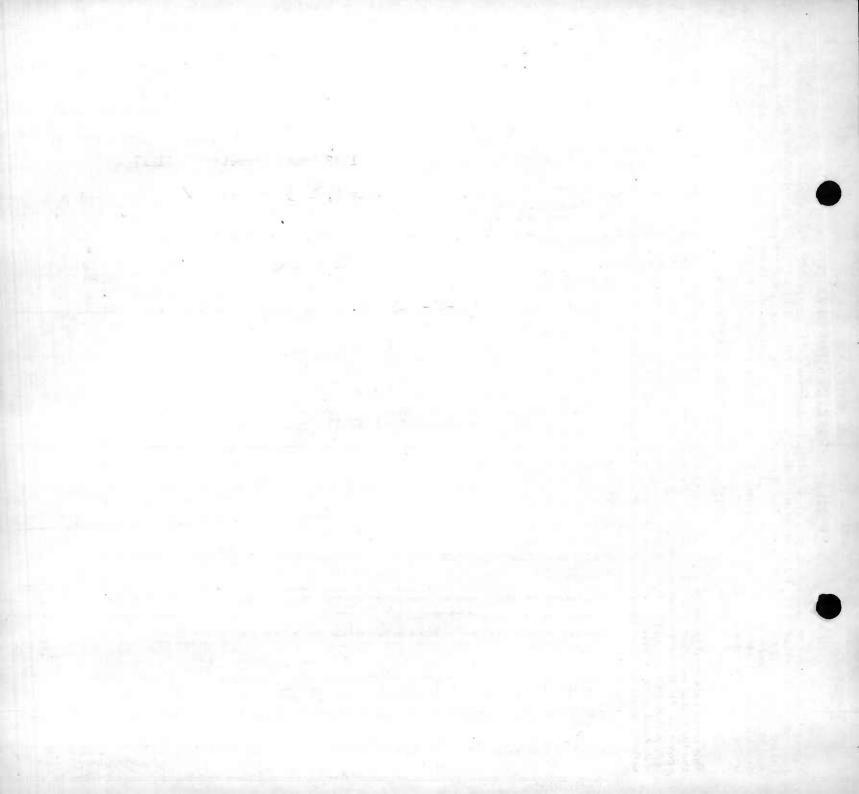


63	5 6396
Registered Na.	
HOUR OF DEATH	A ===
-65	9:55 A M.
deceased lived. If institut	ion: residence before admission)
9-	-0X
ide city limits, write RURA	L ond give fownship)
3 3 1 3 3	
rol, give locotion)	
	Under 1 Ve. If Under 24 Hes
AGE (In yeors If Mo	Under 1 Yr. If Under 24 Hrs. nths Doys Hours Min.
7.77	CITIZEN OF
	WHAT COUNTRY?
Lee	
LEE	
	ADDRESS
	INTERVAL BETWEEN ONSET AND DEATH
	3 4055
4. tron	34125
06 7 00 11	
en.	3 1+225.
260 IF YES WESS SIND	NAC CONCIDENTE
20B. IF YES, WERE FIND IN CERTIFYING CAUSES	OF DEATH?
and the second second second	, give exact location)
	, , , , , , , , , , , , , , , , , , , ,
BV 0.001183	
RY OCCUR?	
65 ta	6/14 1961.
	death accurred on the date
	DATE SIGNED
toff thy s.	6/18.
	1,0
CATION (City, to	wn, or county) (State)
0 ./ .	
MA Nopk	ins classital
DICIDAC : 4	ADDRESS
DISPUSAL	



IRTH NO. 65 6397 A.E. CASE NONAME OF DECEASED	CERTIFICA	TE OF DEATH		
				65 6397
		2. DATE AND	HOUR OF DEATH	
Type or Print) George J.	Simon, Sr.	6-17-	·65	
PLACE OF DEATH IN BALTIMORE, MARYLAI	ND	4. USUAL RESIDENCE (Where A. STATE B. COUNT	deceased lived. If in	stitution; residence before odm
		A. STATE B. COUNT	Y	
FULL NAME OF (If not in hospital or ins	titution, grve street	Maryland	O'	
HOSPITAL OR oddress or location)		C. CITY OR TOWN (If outs	ide city limits, write 1	RURAL and give township)
1 1 1	- 1	Baltimore		
St. Agnes Hospit	aı		irol, give location)	
		3398 Dulany Str		
	ARRIED, NEVER MARRIED (IDOWED, DIVORCED (specify)		AGE (In years ost birthday)	Months Doys Hours
	Married	6-9-20	45	
Male White MALE White MALE White MALE		11. BIRTHPLACE (State or foreign		12. CITIZEN OF
one during most of working life, even if retired)	and of position of the contract of the contrac	The boundary of the control of	.,,,	WHAT COUNTRY?
Truck Driver Kri	11 Co.	Maryland		
- FATHER'S NAME		14. MOTHER'S MAIDEN NAM	E	1
Walter A. Simon		Julia A. Davi	.S	
. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
es, no or unknown) (If yes, give wor or dotes of			01 0000	
WWII		Mrs. Isabelle T.	Simon-3398	Dulany St. 21:
18. 260 X I	CAUSE O	DEATH		INTERVAL BETWEE
DISEASE OR CONDITION DIRECTL	٧		1 .	ONSET AND DEAT
LEADING TO DEATH	P.			
(This does not mean the made of dyin	(A)	use inyoups	719/186 /14	PARTICION
heart failure, asthenia, etc. It means the	diseose,	onn of no.	ne Marie	140
injury or complication which coused death	h.)	CY & NYW	in one	1766
ANTECEDENT CAUSES	(B)	CORESTER M	necciou,	
DISEASES OF CONDITIONS IS	DUE TO •			
DISEASES OR CONDITIONS, if any, rise to the above couse (A) stoti		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
UNDERLYING CONDITION last,	(0)	*************************************		
4.6	· · · · · · · · · · · · · · · · · · ·			
Z OZNAS SIGNASION S CONTI	NO. LEGISLA			
OTHER SIGNIFICANT CONDITIONS CONTI				
DISEASE OR CONDITION CAUSING IT.				
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORM		20 A. AUTOPSY? (Yes or No)	10 CERTIFYING CA	FINDINGS CONSIDERED
THAT I ENIONIY			III CERIII IIIIO CA	DIES OF DEATH.
× /		or obout 21C. WHERE DID	(If in Boltimore	
21A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g., in			City, give exoct locotion)
OR CONTRIBUTING CAUSE OF	home, form, foctory, street, of	fice bldg., INJURY OCCUR?		City, give exoct locotion)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	fice bldg., INJURY OCCUR?		City, give exoct locotion)
J 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) (Ho	home, form, foctory, street, of	21F. HOW DID INJU	RY OCCUR?	City, give exact location)
J 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines) 21D. TIME (Month) (Doy) (Year) (Ho of INJURY	ur) 21E. INJURY OCCURRED While At Not While	21F. HOW DID INJU	RY OCCUR?	City, give exact locotion)
J 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines) 21D. TIME (Month) (Day) (Year) (Ho OF INJURY (APPROX.)	ur) 21E. INJURY OCCURRED While At Not While At Work	21F. HOW DID INJU		
J 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines) 21D. TIME (Month) (Day) (Year) (Ho OF INJURY (APPROX.)	ur) 21E. INJURY OCCURRED While At Not While At Work	21F. HOW DID INJU		
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J 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines) 21D. TIME (Month) (Doy) (Year) (Ho OF INJURY (APPROX.)	while At Not While At Work	21F. HOW DID INJU	57 10 6	196
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OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (Ho OF INJURY (APPROX.) 22. I certify that (I) (this hospitel) attempted that (I) (we) lost sow the deceased alimond haur and fram the causes stated a 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) John H. Sh 4A. BURIAL CREMATION, REMOVAL (Specify) Burial 4B. DATE 6-19-65	while At Not While At Work and the deceased fram M.D. Atte Physical Attended the deceased fram M.D. Attended the deceased fra	21F. HOW DID INJU	t in (hy) (set) options of the set of the se	23B. DATE SIGNED 23B. DATE SIGNED 21timore, Md. 21y, town, or county) (S
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21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines) 21D. TIME (Month) (Doy) (Year) (Ho OF INJURY (APPROX.) 22. I certify that (I) (this hospitel) attributed (I) (we)—lost sow the deceased ali and haur and from the causes stated a 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) John H. Sh 4A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) Burial 6-19-65 SA. DATE REC'D BY HEALTH DEPT. 25B.	while At Not While At Work and the deceased fram M.D. Atte Physical Attended the deceased fram M.D. Attended the deceased fra	21F. HOW DID INJU	Avenue, Bacation (Ci	23B. DATE SIGNED 23B. DATE SIGNED 21timore, Md. 21y, town, or county) (S
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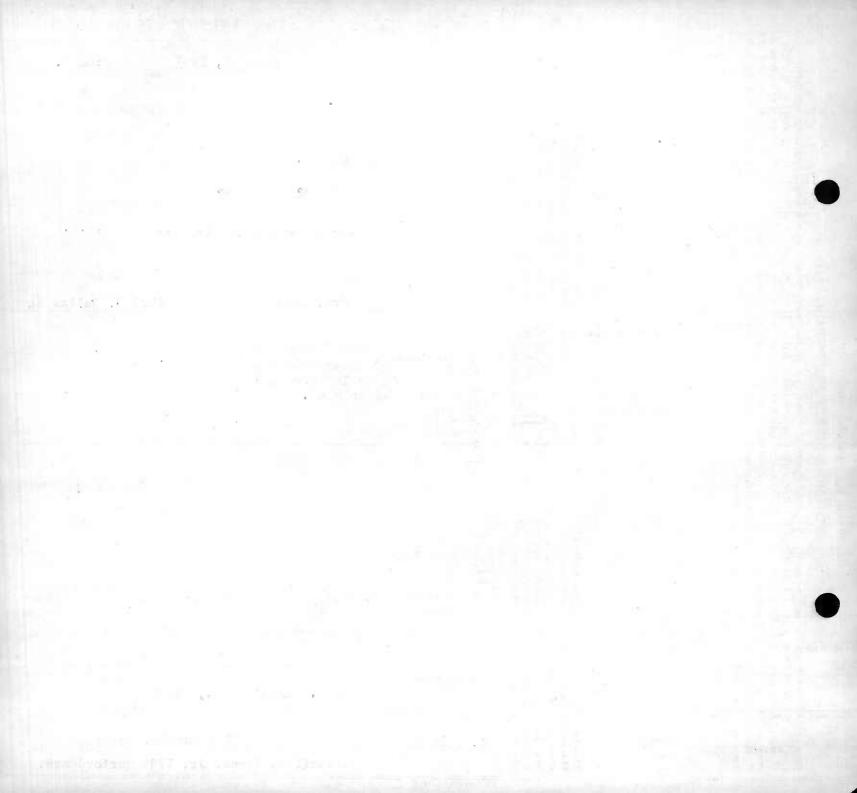


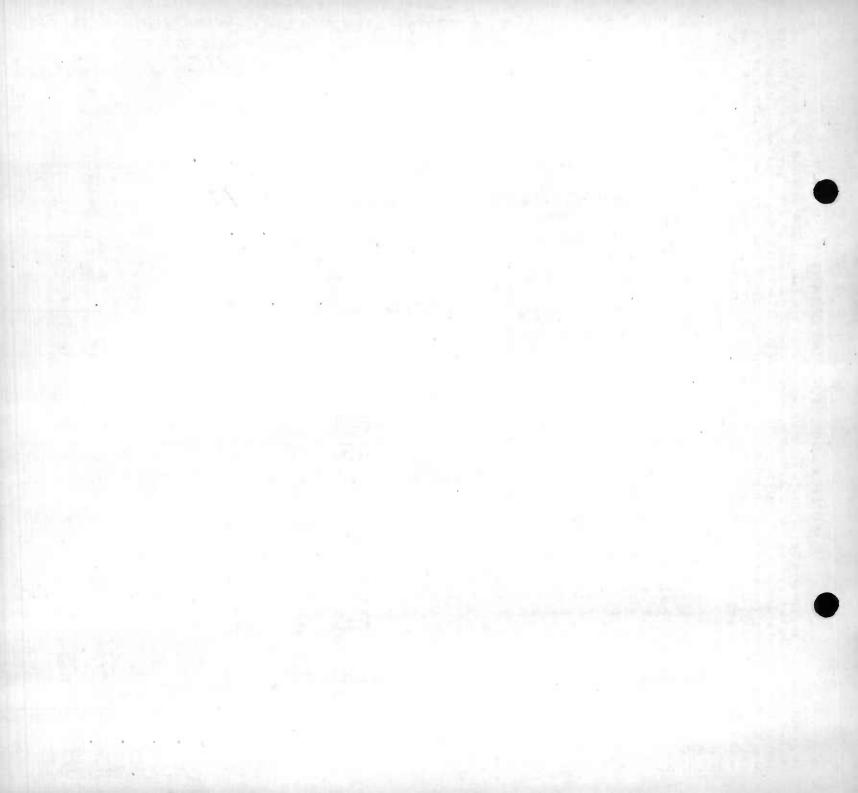
VS 151-REV. 1/1/65

BIRTH NO. 65 GMEDICAL E	XAMINER'S CI	ERTIFICAT	E OF DEATH Regist	tered Na.
M.E. CASE NO.		T-		
1. NAME OF DECEASED Type or Print		2	ADATE AND HOUR PRONOUN	CED DEAD
Donald Howard 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONC	UNCED DEAD	4. USUAL RESIDEN	June 6 1965	stitution: residence before odmission
FULL NAME OF (IF NOT IN HOSPITAL OR INSTI- HOSPITAL OR ADDRESS OR LOCATION)	TUTION, GIVE STREET	Mary		4-01
South Baltimore Ge	neral Hospital	Balt D. STREET ADDRE	imore 700 to	frall st.
		U.S.S. Ch	inook, Pier 4, Pr	ratt Street
WIDO WED,	D, NEVER MARRIED DIVORCED (specify) RRIED	MAY 6, 19	9. AGE (In years lost birthday) 30	Months Doys Hours Min.
done during most of working life area if refired STATES CO		11. BIRTHPLACE (SI		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAI		0000
LIONEL A HOWARD		MARIE	MOWERY	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SO CIAL SECULITY NO.	17. INFORM ANT		ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service) ACTIVE DUTY	720-30-1760	USCG reco	rds, Curtis Bay, 1	Maryland
1B. ///	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	***			
LEADING TO DEATH (This does not meen the mode of dying, e.g.		iple traum	atic injuries	.nn
heart foilure, asthenia, etc. It means the disease injury or complication which coused death.)	, DOE TO			
ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B)			
Z	(C)	***************************************		•••••••••••••••
OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED				
19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	WHICH OPERATION	20A. AUTOPSY?	(Yes of No.) 208, IF YES, WERE IN CERTIFYING CA	
21 A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	ne, form, foctory, street, o	in or obout 21C. Whoffice bldg., INJURY	HERE DID flf in Boltimore City,	4 3 4 4 1
1210 11110	21E. INJURY OCCURRED		W DID INJURY OCCUR?	
(APPROX.) June 6 1965 5:10A	WHILE AT NOT W	WHILE X	auto-fixed obje	ct collision
22. I certify that I held an Inquiry	Inspection Aut	apsy X and	that on this basis, death in	my opinian
resulted from: Natural causes	Accident X Suicide	e Homicide	Undetermined man	ner 🗌
ACTUAL F.	1		DICAL EXAMINER DICAL EXAMINER X	DATE SIGNED
SIGNATURE EXAMINER'S NAME (Type) John E. A	dams, M.D.		DICAL EXAMINER	June 6, 1965
23A. BURIAL CREMATION, 23B. DATE 2	3C. NAME of CEMETERY o		23D. LOCATION (CITERY, BALTIMORE,	ty, town, or county) (Stote) MARYLAND
	E OF REGISTRAR	24C. FUNERAL		ADDRESS
JUN 21 1965 PO RE F	O	Harold	S. Wade 550 Wash	Divid Towns 200

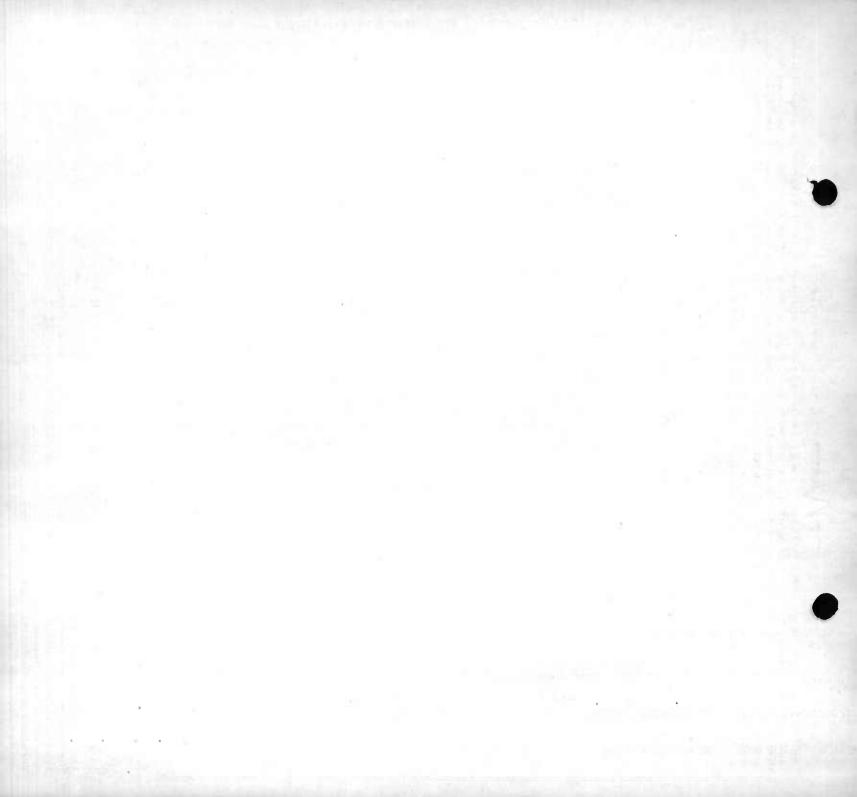
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and IMPORTANT Released by medical examiner FUNERAL DIRECTOR:

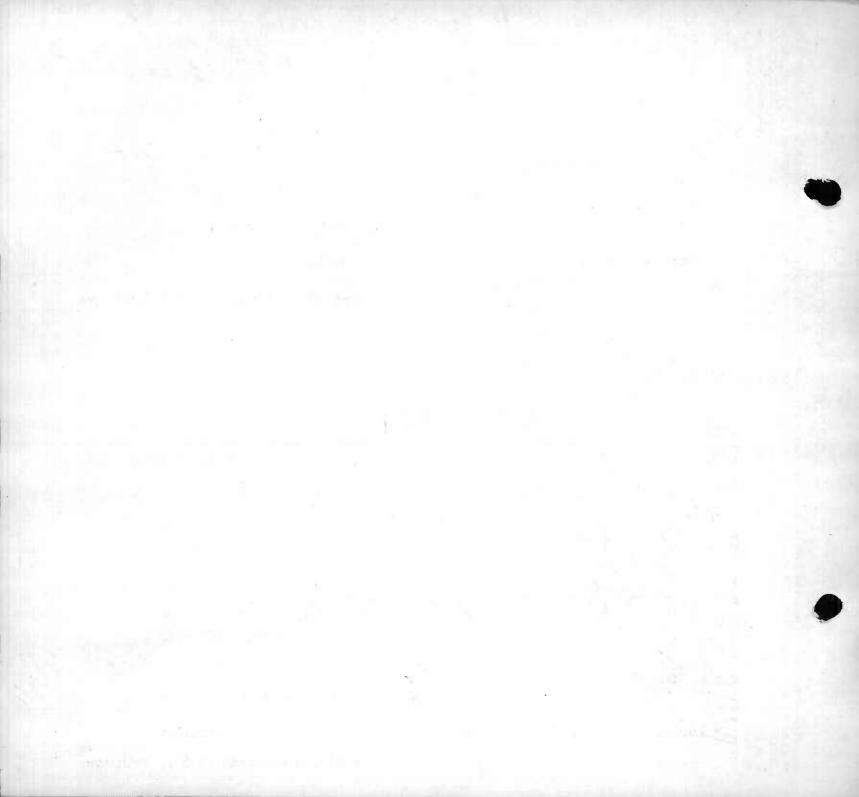
05 0400	BALTIMORE CITY	HEALTH DEPARTMENT		65 6400
BIRTH NO. 65 6400	CERTIFICA	TE OF DEATH	Registered No	65 6400
M.E. CASE NO. 1. NAME OF DECEASED		2 DATE A	AND HOUR OF DEAT	H
(Type or Print)	-			
HTLL JOHN 3. PLACE OF DEATH IN BALTIMORE, MARYLAND	5.	Ju Hellal Bestbence (WI	ne 17, 1965	institution: residence before odmis
STACE OF DEATH IN DALIMONS MAKIENTO		A. STATE B. COU	NTY	Institution: residence before dames
FULL NAME OF (If not in hospital or institution	on, give street	Md.		8-06
HOSPITAL OR oddress or location) INSTITUTION			outside city limits, write	RURAL and give township)
		Baltimore 1	.3	
St. Joseph Hospital		D. STREET ADDRESS	If rural, give location)	
		1524 N. Dal	las	
SEX 6. RACE 7. MARRI	ED, NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24
20 0	WED, DIVORCED (specify)	8/31/02	lost birthdoy)	Months Doys Hours M
Male Negro M. OA. USUAL OCCUPATION (Give kind of work 10B, KIND	arried	11. BIRTHPLACE (State or fo	62	12. CITIZEN OF
fone during most of working life, even if retired)		THE STREET OF USING STREET	reign country,	WHAT COUNTRY?
LABORER L	4 BOR	King & Oueen	Co. Virgin	U.S.A.
3. FATHER'S NAME		King & Queen 14. MOTHER'S MAIDEN N.	AME	
UNKNOWN		UNKNO	WN	
S. Wos Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
Yes, no or unknown) (If yes, give wor or dotes of service	e) SECURITY NO.	IIII OMINIAII		ADDRESS.
NO -	0	Mrs. Reba H	Hill (Wife)	1523 N. Dallas S
18.	CAUSE OF			INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	O New			ONSET AND DEATH
LEADING TO DEATH		ture of congeni	tal aneurysi	m.
(This does not mean the mode of dying, e		anterior comm		
heart failure, asthenia, etc. It means the disea	0 (1)	to left fronta		. del y
ANTECEDENT CAUSES			T TODE WILL	
		ntricles.		
DISEASES OR CONDITIONS, if ony, giv				
UNDERLYING CONDITION lost.	\$ 1 °	9a tuvo 9 00 aaa ag 9a	0	
11	LL O			
OTHER SIGNIFICANT CONDITIONS CONTRIBUT	TING			
TO THE DEATH BUT NOT RELATED TO	THE			
19A. DATE OF OPERATION 198. CONDITION FO	R WHICH OPERATION	20 A. AUTOPSY? (Yes or I	No) 20B. IF YES, WERI	FINDINGS CONSIDERED AUSES OF DEATH?
19A. DATE OF OPERATION 19B. CONDITION FO		Yes	IN CERTIFIENCE C	CK-
U 21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., in	or obout 21C. WHERE DID	(If in Boltimo	City, give exoct location)
	home, form, foctory, street, of etc.)	tice bidg., INJURY OCCUR?		*
U	21 E. INJURY OCCURRED	215 112111 212	LILLAY O. C. C. L. C.	
OF INJURY	While At Not While	21 F. HOW DID IN	AJURT OCCUR!	
(APPROX)	Work At Work			
22. I certify that (I) (this hospital) attende	d the deceased from	June 17	19 65 10 Ju	ne 17 1960
	Tune 77	65		
that (I) (we) lost sow the deceased alive of				pinion deoth occurred on the
and haur and from the couses stated above	. (I) (We) (did) (dld not) v	iew the body ofter death	le .	
23A. SIGNATURE				23 B. DATE SIGNED
1, 1	M.D. Atte	ending Med. Director	Stoff Phys.	June 18, 1965
23C. PHYSICIAN'S		23D. ADDRESS -		
William B. Vande	Frift M.D.	1400 N. Carol	ine St., 212	213
24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C	NAME of CEMETERY of CRE	MATORY 24D.	LOCATION	City, town, or county) (St
Rurial 6.21.65	Mt Col-		Clan Rum	ie Vamilioni
Burial 6-21-65 25A. DATE REC'D BY HEALTH DEPT. 25B. NAM	Mt. Calvary	25C. FUNERAL DIRECTO	Glen Burn	ie, Maryland
Burial 6-21-65 25A. DATE REC'D BY HEALTH DEPT. 25B. NAM JUN 21 1965 P. S. B.	Mt. Calvary			ie, Maryland 1735 Harford Ave.





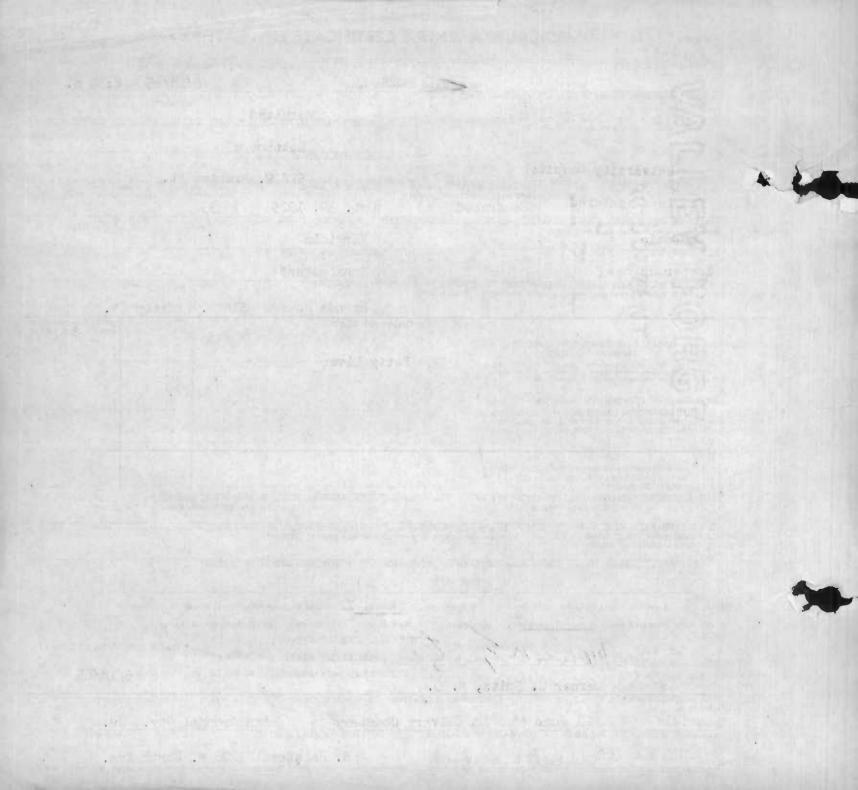
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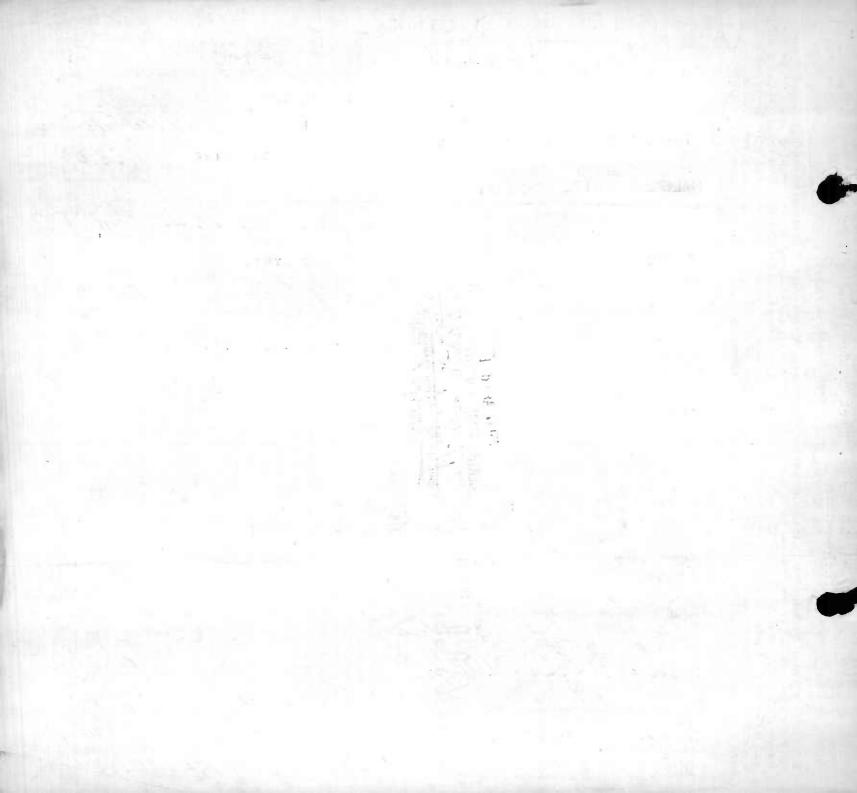


M.E. CASE NO.		G/ (L =/			J. D. 27 (111)	
1. NAME OF DE	CEASED	TO THE REAL PROPERTY.			TE AND HOUR PRONOUNC	ED DEAD
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	MTLDRE	CD /	BASCHAL PASC	HALL	6/18/	65 2:30 a. M.
3. PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONO	NCED DEAD	4. USUAL RESIDENCE	Where deceased lived. If insti	itution: residence before odmission
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPITA ADDRESS OR LOCA	AL OR INSTITU	JTION, GIVE STREET	c. city or town	land foutside corporate limits, write	
2				D. STREET ADDRESS	timore	
Univ	versity Hospit	al				
5. SEX	6. RACE	7. MARRIED,	NEVER MARRIED	B. DATE OF BIRTH	W. Preston St.	If Under 1 Yr. If Under 24 Hrs
female	colored	Separa		Oct. 19, 192		Months Doys Hours Min.
	UPATION (Give kind of work working life, even if retired)	10B. KIND OF	BUSINESS OR INDUSTR	Virginia	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAM		1		14. MOTHER'S MAIDEN	NAME	
Foster H	ighes			Anna Hughes		
15. WAS DECEASE	ED EVER IN U.S. ARMED		16. SO CIAL SECURITY NO.	17. INFORMANT	Taget of the part	ADDRESS
10.00				Brenda Howa	rd 518 W. Pres	ston St.
18.	15		C AU SE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
VOISEASES OF THE SIGN OF THE S	ANTECENDENT CAUSE OR CONDITIONS, IF A IE ABOVE CAUSE (A) ST NG CONDITION LAST. II NIFICANT CONDITIONS DEATH BUT NOT REI R CONDITION CAUSING F OPERATION [198, CON	CONTRIBUTING TO	HE			
	WAS PER	FORMED			or No. 208. IF YES, WERE FI	SES OF DEATH?
UTING CAL	CAUSE WAS OR CONTRIB-	21 B. home etc.)	PLACE OF INJURY (e.g., , form, foctory, street,	in or about 21C. WHERE office bldg., INJURY OCC	DID (If in Boltimore City, gi	ve exoct location)
21D TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeo		VHILE AT NOT AT W	WHILE	D INJURY OCCUR?	
ACTUA SIGNAT EXAMIN	Ited from: Noturol call L URE WENTS	uses A	Inspection Au	ond that	AL EXAMINER	
NAME (C. NAME of CEMETERY	CREMATORY	23D. LOCATION (City,	, town, or county) (Slote)
REMOVAL (Specific Burial			Mt Calvary 6e			
	BY HEALTH DEPT.		OF REGISTRAR	24C. FUNERAL DI	Ann Arundel Ct	ADDRESS
JUN 2	1 1965 Rober	F.3 &	arbeight.		ead 1206 W. No.	rth Ave.

VS 151-REV. 1/1/65



C-1	631	0107	-CF CAGE V	ATE OF DEATH Registered No.	65 6405
0 -	and eath ased the Such	M.E	CASE NO.	2, DATE AND HOUR OF DEATH	
	- D 00 G		charles GIRARd	6-17-65	6:50P ₄
	ospite 6 of 5) De nce leath		PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If, institute and the state an	nution: residence before admission
	a ho ause e; (5 ndar	1	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR address or location) NSTITUTION	C. CITY OR TOWN (If outside city limits, write RU BALTIMORE	RAL ond give township)
	in and and and and and and and and and an	B	THE JOHNS HOPKINS HOSPITAL	D. STREET ADDRESS (If rurol, give location)	e gwer
	d co		THE COMMO THO KING HOSPITAL	1125 BEECH DRIVE	53-00
	mine mine gula sed	5. S	MALE L WHITE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specily)		If Under 1 Yr. II Under 24 Hrs Manths: Days Haurs Min.
)ff;	deter in re ion is		USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTI	Oadenabusa M. U.	12. CITIZEN OF WHAT COUNTRY?
83	de d	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	11,0,9,
	(4) × th ispec		FRANK	Rose Syres	
of TAN	kind; kind; death nce on		Was Deceased Ever in U. S. Armed Farces? s,no or unknawn) (If yes, give wor or dates of service) 16. SOCIAL SECURITY. NO.	4 Fife Same as a	leave)
idi	if if if if ida da or f		18. DO O EAUSE	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
Schmidt	Also, to of councitten		Olsease or Condition Directly Leading to Death (This does not mean the made of dying, e.s.) heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)	testinal Penforation ticulum Cell SARCOUNA	1 da.
	מוחם מוחם		(This daes nat mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,		
Q Q	rine fract o pr gula		ANTECEDENT CAUSES	ticulum Cell SARCOURS	142.
rt	A P Why		DISEASES OR CONDITIONS, if any, gires 2		
Ebert	(3) ex		DISEASES OR CONDITIONS, if any, gired Size To Size Ia the abave cause (A) stating the UNDERLYING CONDITION last.		
. 0	dical ical ins; ns; vas	7	11 = 3 1		
PER	bou by shy	ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE SIGNIFICANT OF THE SIGNIFICANT		
Per	a nody ody	ERTIFIC,	194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FIN IN CERTIFYING CAUS	
E T	by (5) By ohy	CERT	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.	in or about 21 C. WHERE DID III in Baltimare C	ity, give exact location)
N MED	to the root	CAL	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) Column Colory	office bldg., INJURY OCCUR?	
NON	d by spi	MEDI	21D. TIME Manth Day (Year) (Hour) 21E, INJURY OCCURRED OF INJURY	21 F. HOW DID INJURY OCCUR?	
配	ho ho	2	IAPPROX.) While At Not W. Not W. At Work		1.1.
	the the car		22. I certify that (this haspital) attended the deceased from	10/1965 10	6/17/1968
	of of all (h);		that (we) last saw the deceased alive an	19.6.5 and that in (my) (and apinto	an death accurred an the dat
	st be sent ent spit deat		and haur and from the causes stated above. 41 (We) (did) (did and)		3B. DATE SIGNED
	must eleas ccide hos to d	B	// S/ () // M.D. A	Attending Med. Stoff	0/17/65
	0 - 0 >		23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS	1)
	certificat sody was rs: (1) An D.O.A. at ased pric		M.I	Johns Lahman	1050HA
	4 (1)	244	A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY or C	REMATORY 24D. LOCATION (City,	town, or county) (Stote)
		/e	DURIAL G/d/63 Gardins of A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS.
	This the I show was dece		JUN 21 1965 A O. A & Fally M. 8	Connelly 300 Macel	Tue, Ball. 21
		144			

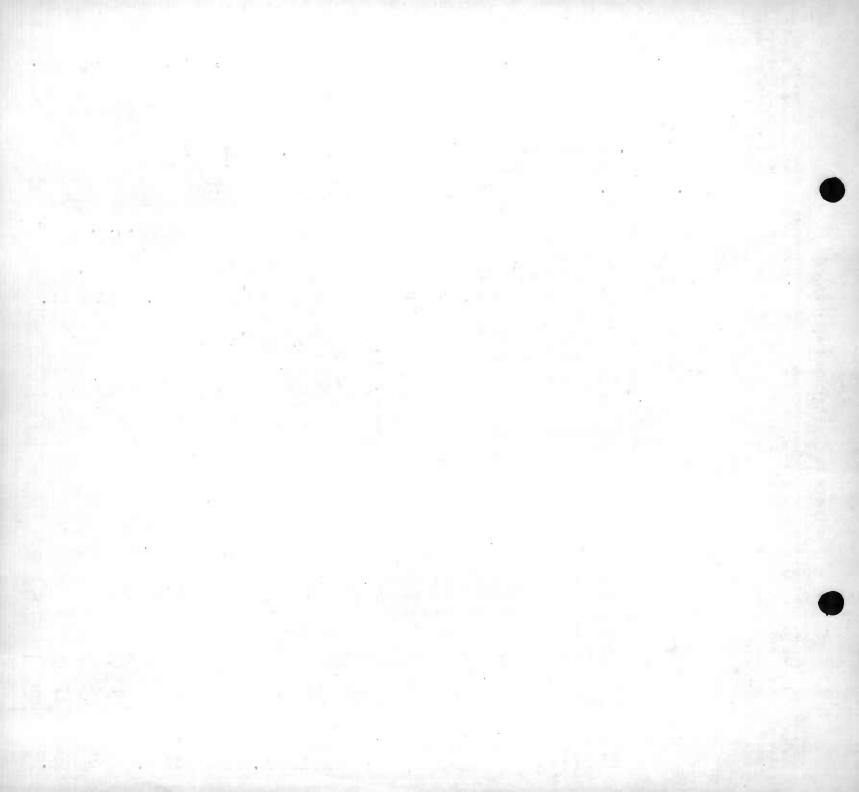


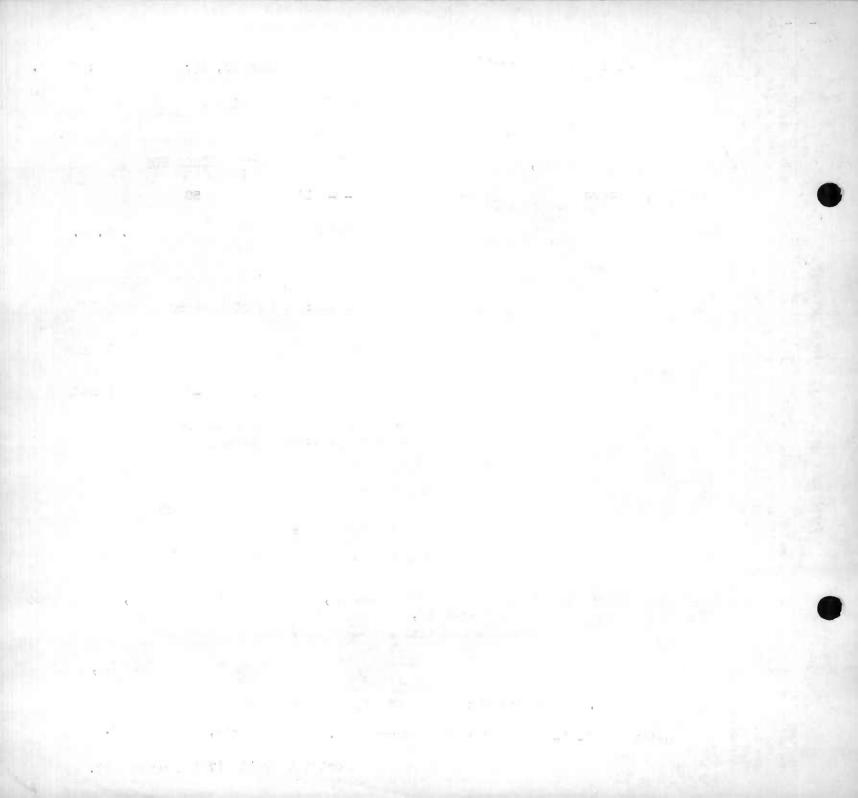
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VS 150-REV. 1/1/65

- HODH FOR Chronic typestodies completepotes 834 12967 (Edgar)

BALTIMORE CITY HEALTH DEPARTMENT Registered Na. CERTIFICATE OF DEATH 2. DATE AND HOUR OF DEATH June 20, 1965 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY Maryland (If outside city limits, write RURAL and give township) Baltimore Mt. Holly ST D. STREET ADDRESS 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Months: Doys If Under 24 Hrs. lost birthday) Hours 4/15/1892 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? Maryland U.S.A. 14. MOTHER'S MAIDEN NAME Katherine 17. INFORMANT Phoebe Graves 514 Mt. Holley St. INTERVAL BETWEEN ONSET AND DEATH 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (II in Boltimore City, give exact location) home, form, foctory, street, office bldg., INJURY OCCUR? 21 F. HOW DID INJURY OCCUR? ond that in(my) (aur) opinian death occurred an the date and hour and flam the causes stated abaye. (1) (My) (did) (did nat) view the bady after death. 238 DATE SIGNED Med. Stoll Director Phys. 23D. ADDRESS 24D. LOCATION Baltimore, Maryland Charles A. Rice 661 W. Barre St. VS 150-REV, 1/1/65





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248, NAME OF REGISTRAR

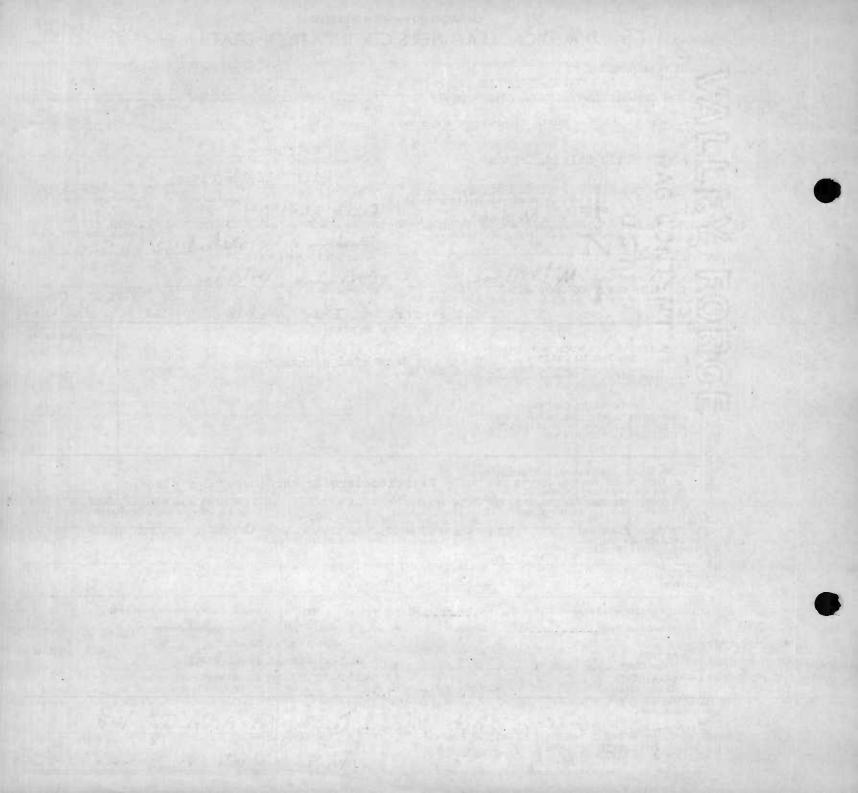
124C. FUNERAL DIRECTOR

ADDRESS

Burial

VS 151-REV. 1/1/65

24A. DATE REC'D BY HEALTH DEPT.



VS 150-REV. 1/1/65

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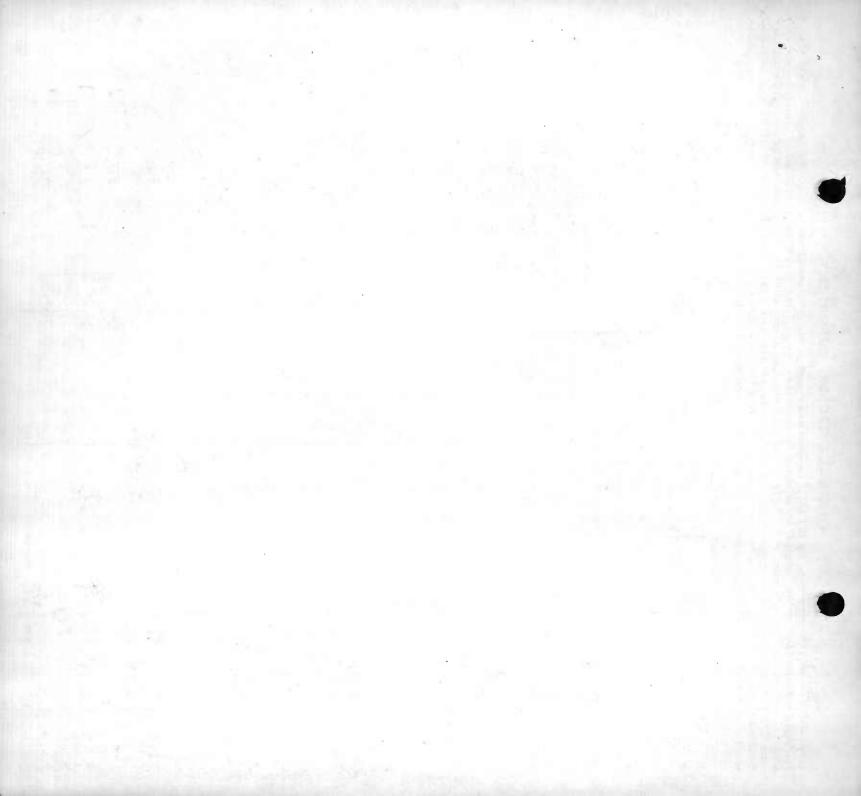
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BIRTH NO. MEL	ICAL EX	AMINER 5 CI	EKTIFICA	E OF D	EAIH Register	red Na	
M.E. CASE NO.							
trype or rimin	lip			2. DATE AND	HOUR PRONOUNCE		2015
3. PLACE IN BALTIMORE, MARYLAND, V	والمتحارك المتحدد والمحارج		U. Hellal Breis		6/18/6		10:45 p.
3. PLACE IN BALLIMORE, MARTLAND, V	WHERE PRONOL	INCED DEAD	A. STATE	4 6	eceosed lived. If insti B. COU		dence before odmissi
FULL NAME OF (IF NOT IN HOSPI' HOSPITAL OR ADDRESS OR LOC INSTITUTION	TAL OR INSTITU ATION)	JTION, GIVE STREET		VN (If outside	corporate limits, write	RURAL or	nd give township)
1				ltimore		2	6-04
	11 7		D. STREET ADDI	RESS (If rurol, g	ive location)		
	itals		68	09 Fait	9. AGE (In years		
5. SEX 6. RACE white		NEVER MARRIED DIVORCED(specify)	Feb-II	.T947	9. AGE (In years lost birthdoy)	Months,	1 Yr. If Under 24 P. Doys Hours Min
10A. USUAL OCCUPATION (Give kind of wo		BUSINESS OR INDUSTRY			country)	12. CITIZE	
done during most of working life, even if retired) Attended school			Baltimo	1.6		71	T COUNTRY?
13. FATHER'S NAME			14. MOTHER'S M			1 0	N A
Philip W. Maier			Mamer	114 000			
15. WAS DECEASED EVER IN U.S. ARME	D FORCES?	16. SOCIAL	Mary C	utean		ADDRESS	
(Yes, no or unknown) (If yes, give wor or do	tes of service)	SECURITY NO.	701. 17.1	***	6000 =		
no		no	Philip OF DEATH	W, Mare	er 6809 Fa	BIT A	INTERVAL BETWEE
ANTECENDENT CAUS DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) S UNDERLYING CONDITION LAST.	ANY, GIVING STATING THE	(B) DUE TO					
OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT R DISEASE OR CONDITION CAUSIN 19A. DATE OF OPERATION [198, CO	ELATED TO TO	HE				·	
19A. DATE OF OPERATION 198, CO	NDITION FOR V	WHICH OPERATION	20A. AUTOPSY		18. IF YES, WERE FIN CERTIFYING CAUS		
21A. EXTERNAL CAUSE WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH. 21D TIME (Month) (Doy) (Yeight (APPROX.)	or) (Hour) 2	PLACE OF INJURY (e.g., if form, foctory, street, of street 1E. INJURY OCCURRED VHILE AT NOT N	ffice bldg., INJURY	German I	in Boltimore City, giv Hill Rd. an Y OCCUR? passe	d Dell	pert Ave.
0 10 05	9:45p.	VORK AT W	ORK X WI	nich str	иск роте		
22. I certify that I held an	Inquiry 🗌	Inspection X Aut	apsy and	that an this	basis, death in m	y apinior	
resulted from: Natural co	uses A	ccident X Suicide	Hamici	de Un	determined manne	e -	
		1		EDICAL EXA			
ACTUAL /1865m	eu	9-1-	ACCICTANT M				DATE SIGNED
SIGNATURE EXAMINER'S	TT 0-3	M.D.	ASSOCIATE M			6/1	9/65
NAME (Type) Werner	U. Spi	C. NAME OF CEMETERY O	CREMATORY	23 D. LO	CATION (City	town, or c	county) (Stote)
REMOVAL Ispecify) 6-23		Oaklawn Cer			altimore,		
24A. DATE REC'D BY HEALTH DEPT.	a down	OF REGISTRAR	24C. FUNER	AL DIRECTOR		A	DDRESS
JUN 21 1965 Role	8 E. Fa	Dec M.D	Watte	Dal	marki 1005	-Dur	dalk and
VS 151-REV, 1/1/65	V. 50 12) [' [)	8 ()			

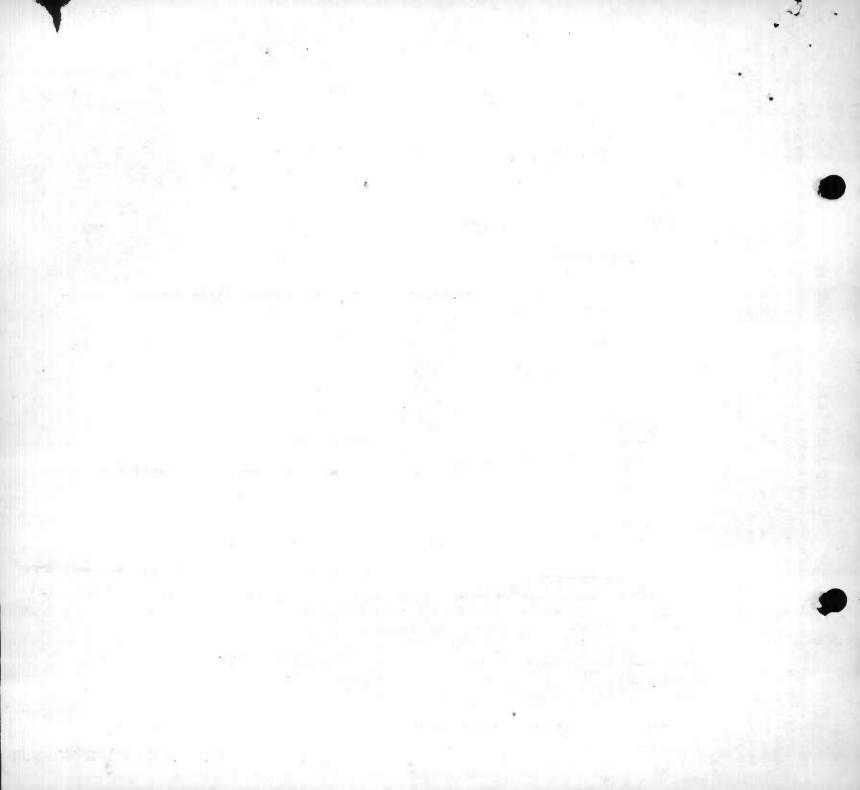
		BALTIMORE CITY	HEALTH DEPARTMENT		
	H NO. 65, 6412	CERTIFICA	TE OF DEATH	Registered Na.	65 6412
1, N	AME OF DECEASED	o. Kastin	2 PATE AN	HOUR OF DEATH	13 NP
3. F	PLACE OF DEATH IN BALTIMORE, MARYLAND	co possin	4. USUAL RESIDENCE (Where B. COUN'		tion: residence before admission)
l I	ULL NAME OF (If not in hospital or institute oddress or Jacobian) NSTITUTION	ian, give speet	marylar	side city limits, write RURA	AL ond give township)
B	pt H-21 Green Oc	res ctapts	D. STREET ADDRESS Alf 1	ysenth R	dapt H-21
5. S		RIED, NEVER MARRIED DIVORCED (specify) DOF BUSINESS OR INDUSTRY	3-4-1890	ost birthdoy) Mi	Under 1 Yr. If Under 24 Hrs. Hours Min.
2	during most al warking life, even if retired) Bo	ttles + Jars	new yo	ak Coty	WHAT COUNTRY?
13.	movis Kosi	tin	Molle	AE >	
	Was Deceased Ever in U. S. Armed Farces? ,,no or unknown) (If yes, give wor or dotes of servi	1 6. SOCIAL SECURITY NO.	Mus. Edga Ki	stin 3600 %	Surrenth Pd.
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CAUSE O	F DEATH	to Heart	ANTERVAL BETWEEN ONSET AND DEATH
	(This does not mean the made of dying, heart failure, asthenia, etc. It means the dise injury ar camplication which caused death.)		diese.	ar Hessen	
	ANTECEDENT CAUSES	(B)DUE TO	\$\delta \cdot \cdo	######################################	***************************************
	DISEASES OR CONDITIONS, if any, girise to the above cause (A) stating UNDERLYING CONDITION lost.			*** *** ** * * * * * * * * * * * * * *	
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.			2.	
ERTIFIC	19A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	208. IF YES, WERE FIND	DINGS CONSIDERED S OF DEATH?
CAL CER	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notily medical exominer)	21B. PLACE OF INJURY (e.g., i hame, lorm, foctory, street, o etc.)	n ar about 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimore Cit	ly, give exact location)
MEDI	21D. TIME (Month) (Doy) (Year) (Haut) OF INJURY (APPROX.)	21E. INJURY OCCURRED While At Not While At Work Not Work		JRY OCCUR?	H
	22. I certify that (I) (th is hospital) attend	ed the deceased from		960 to	15 19 W.
	that (1) (we) lost sow the deceased alive			ot in(my) (our) opiniar	death occurred on the date
	and hour and from the causes stated abov	e. (1) (We) (did) (did not)	view the body ofter deoth.	- I	DATE CICHED
	23A. SIGNATURE PROVINCIEM (Quel M.D. Att.	ending Med.	Stalf Phys.	6/s/65
	23C. PHYSICIAN'S NAME (Type) Leanard M. L		23D. ADDRESS 7/2/ Park!	Heights Ave	Batters Hd
244	BURIAL CREMATION, 248. DATE 24	C. NAME OF CEMETERY OF CR	EMATORY 2400LC	OCATION (City, I	Manula (State)
25A		ME OF REGISTRAR	25C. FUNERAL DIRECTOR	cumar,	JADDRESS
_	JUN 21 1965 Robert E.	Farley M. R.	al Leunson	12102-601	ollert. Kont



IMPORTANT

DIRECTOR:

FUNERAL



V\$ 150-REV. 1/1/65

a hospital and

NAME O	F DECEASED	IN J. (GLEIMAN		E 16, 1965	650
PLACE	OF DEATH IN BALTIMORE, MA			4. USUAL RESIDENCE (W		institution: residence before admission
FULL NA HOSPITA INSTITUT		1)	, give street	MARY LAND	JNTY outside city limits, write If rurol, give location)	27-20 RURAL ond give lownship)
SEX	6. RACE	7. MARRIEL	D, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 H Months: Doys Hours Min.
MALE	WHITE	MA	RRIED (specify)		58	
one during	OCCUPATION (Give kind of work most of working life, even if retired) PHARMACIST		of business or industri UG STORE	BALTIMORE	, MARYLAND	12. CITIZEN OF WHAT COUNTRY?
. FATHER	SIMON GLEIMAN			14. MOTHERS MAIDEN N	AME KIRSCHENBAUM	1
	ceased Ever in U. S. Armed For		1 6. SOCIAL	17. INFORMANT		ADDRESS
es, no or u	nknown) (If yes, give war ar date)	s of service)	SECURITY NO.	MRS. HATTIE GL	EIMAN 4020	GLEN AVENUE
18.	42011		CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH					
DISEA rise UNDE	does not mean the mode of failure, asthenia, etc. It means or camplication which coused ANTECEDENT CAUSES. SES OR CONDITIONS, if to the above cause (A) RLYING CONDITION last. R SIGNIFICANT CONDITIONS COME TO THE DEATH BUT NOT RELASE OR CONDITION CAUSING I	The discossideoth.) any, giving stating the stating the stating the stating to the state of the	e, (B) DUE TO G (C) NG THE	ionary arte		
DISEA rise UNDE	failure, asthenia, etc. It means or camplication which coused ANTECEDENT CAUSES. SES OR CONDITIONS, if to the above cause (A). RLYING CONDITION last. R SIGNIFICANT CONDITIONS COMMENTED FOR CONDITION CAUSING 1 SE OR CONDITION CAUSING 1 ATE OF OPERATION 179B. CON WAS PERI	The discost deoth,) any, giving staling the control of the contro	e, (B) DUE TO 9 e (C) NG THE	20A. AUTOPSY? (Yes or	No) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
DISEA rise UNDE OTHER TO TO TO TO SEA OR CO DEATH	failure, asthenia, etc. It means or camplication which coused ANTECEDENT CAUSES. SES OR CONDITIONS, if to the above cause (A) RLYING CONDITION last. R SIGNIFICANT CONDITIONS CONTROL TO THE DEATH BUT NOT RELATED BATH OF CONDITION CAUSING ATE OF OPERATION 1798. CON	The discost deoth.) any, givin- slating th ONTRIBUTILITED TO IT. DITION FOR	e, (B) DUE TO G (C) NG THE WHICH OPERATION		No) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
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DISEA TISE UNDE OTHER TO T	failure, asthenia, etc. It means or camplication which coused ANTECEDENT CAUSES. SES OR CONDITIONS, if to the above cause (A). RLYING CONDITION last. R SIGNIFICANT CONDITION SC. HE DEATH BUT NOT RELASE OR CONDITION CAUSING IN ATE OF OPERATION 198. CON WAS PERIOR TO COLDENT WAS UNDERLYING CAUSE OF I (notify medical examiner) ME (Month) (Day) (Year) CONTRIBUTING CAUSE OF I (notify medical examiner) ME (Month) (Day) (Year) CONTRIBUTING CAUSE OF I (notify medical examiner) ME (Month) (Day) (Year) CONTRIBUTING CAUSE OF I (notify medical examiner) ME (Month) (Day) (Year) CONTRIBUTING CAUSE OF I (notify medical examiner) ME (Month) (Day) (Year) CONTRIBUTING CAUSE OF I (notify medical examiner)	any, givin- slating th ONTRIBUTIL TED TO T T. DITION FOR Hour (Hour) 21 W W (1) attended ad olive on ted above.	IB. PLACE OF INJURY (e.g., form, form, form, fortory, street, ci.) IE. INJURY OCCURRED Not White At Not Work The deceosed from the deceosed from M.D. At Ph	20A. AUTOPSY? (Yes or in or obout 21C. WHERE DID In 1965) 21F. HOW DID It is a second or in the body ofter death tending Med.	No) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH? THE City, give exact location) 19 6 S Inion death occurred an the d 23B. DATE SIGNED 6 - 16 - 6 5

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POLICE MANAGEMENT

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BIRTH NO65	6415 MED	ICAL EX	(AMINER'S C	ERTIFICATE	OF DEATH Reg	istered No. 6415
M.E. CASE NO.	CFASED			2.1	DATE AND HOUR PRONOL	INCED DEAD
(Type or Print)		EL PROS	TIC	2. 1		
3. PLACE IN BALT	IMORE MARYLAND, W			4. USUAL RESIDENCE	June 16, 19	65 11:55 a M.
				A. STATE	yland B.	COUNTY
FULL NAME OF HOSPITAL OR	ADDRESS OR LOCA	AL OR INSTITU	JTION, GIVE STREET	C. CITY OR TOWN	(If outside corporate limits,	write RURAL and give township)
INSTITUTION				Ral	timore	56-11
)					(If rurol, give location)	26=11
C	ity Hospital			3201 Fa	it Avenue	
5. SEX	6. RACE		NEVER MARRIED	B. DATE OF BIRTH	9. AG (In ye	
male	white		DIVORCED (specify)	PO TOTAL LARGE	53	Months Doys Hours Min.
		1	BUSINESS OR INDUSTR	11. BIRTHPLACE (Stote		12. CITIZEN OF
done during most of	vorking life, even if retired) CERY	DE	TAIL	POLAN	n	WHAT COUNTRY?
13. FATHER'S NAM		KL	IAIL	14. MOTHER'S MAID		
	IIIIIIII DO ACT	7.0			A RUCHSMAN	
15. WAS DECEASE	HYMAN PROST		16. SO CIAL	17. INFORMANT		ADDRESS
Yes, no or unknown	(If yes, give wor or dote		SECURITY NO.	HDC CADU	TE DONCTTO 20	01 FAIT AVE
NO			217-32-8882	MKS. BUPTI	IE PROSTIC 32	OT TALL AVE
18.	2.1		CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	SE OR CONDITION DI	RECTLY				
	LEADING TO DEATH		(A) Arteri	osclerotic	cardiovascular	disease
(This does not heart foilure,	not mean the mode of osthenio, etc. It means	dying, e.g.,	DUE TO		D. C. A. I. M. E. C.	
injury or cor	mplication which coused	deoth.)				
Δ	NTECENDENT CAUSE	5				
	OR CONDITIONS, IF A		(B)			88804 888 g= === 0 000 == 0 0 0 0 0 0 0 0 0 0 0 0
RISE TO TH	E ABOVE CAUSE (A) S'		551 10			
	TO CONDITION CASI.		(G)		AAgg+g-g+A-A+Gg+4+A-A+g	
9	-					
OTHER SIG	NIFICANT CONDITIONS	CONTRIBUTII	NG			
TO THE	DEATH BUT NOT RE		HE			
-	OPERATION 198, CON		WHICH OPERATION	20A. AUTOPSY? (Ye	es or No. 20B. IF YES, WER	E FINDINGS CONSIDERED
0	WAS PER	FORMED		No	IN CERTIFYING C	CAUSES OF DEATH?
21 A. EXTERNA	L CAUSE WAS	21 B.	PLACE OF INJURY (e.g.,		RE DID (If in Boltimore City	y, give exact location)
	OR CONTRIB-	home etc.)	, form, foctory, street,	office bldg., INJURY OC	CCUR?	
T	JE OF BEATH					
OF INJURY	(Month) (Doy) (Yeo) (Hour) 2	TE. INJURY OCCURRED	21F. HOW	DID INJURY OCCUR?	
(APPROX.)		m. V	WHILE AT NOT	WHILE		
22.						
1 cert	tify that I held an I				ot on this bosis, deoth	
resul	ted from: Notural co	uses X	Accident 7 Suicid	e Homicide	Undetermined me	anner
	2/1/2	1 1	7. []	CHIEF MEDI	CAL EXAMINER	DATE COMED
ACTUAL		LIW	the sun	ASSISTANT MEDI	CAL EXAMINER X	DATE SIGNED
SIGNAT			M.D		ICAL EXAMINER	6-17-65
	Type) Rudiger	Breiten	ecker /	ASSOCIATE MED	ICAL EXAMINER	
22A BUIDLAL CRE	MARION DOOR BATE		C. NAME OF CEMETERY	CREMATORY	23D. LOCATION	City, town, or county) (Stote)
REMOVAL BURY	AL 6/18		BNAI ISRAEL		BALTIMORE	MARY LAND (Stote)
			,			TO ENDY VENTOR
	BY HEALTH DEPT.	24B, NAME	OF REGISTRAR	24C. FUNERAL I	THEON & PROC	THE GOID PETSTERSTON
JUN 2	1965 12	8 E. Fo	0	SUL LEV.	INSUN & BKUS.	INC. 6010 REISTERSTOW
ve 161 051/ 1/1/	المحاور	01 5, 40	a Desillar			R
VS 151-REV. 1/1/	63	10 12 18	3 U			

Teal-season lier, sorme mounte caser-date (00 to return to the rest, and a leading that

VS 151-REV. 1/1/65

24A. DATE REC'D BY HEALTH DEPT.

248 NAME OF REGISTRAR

(4)

24C. FUNERAL DIRECTOR

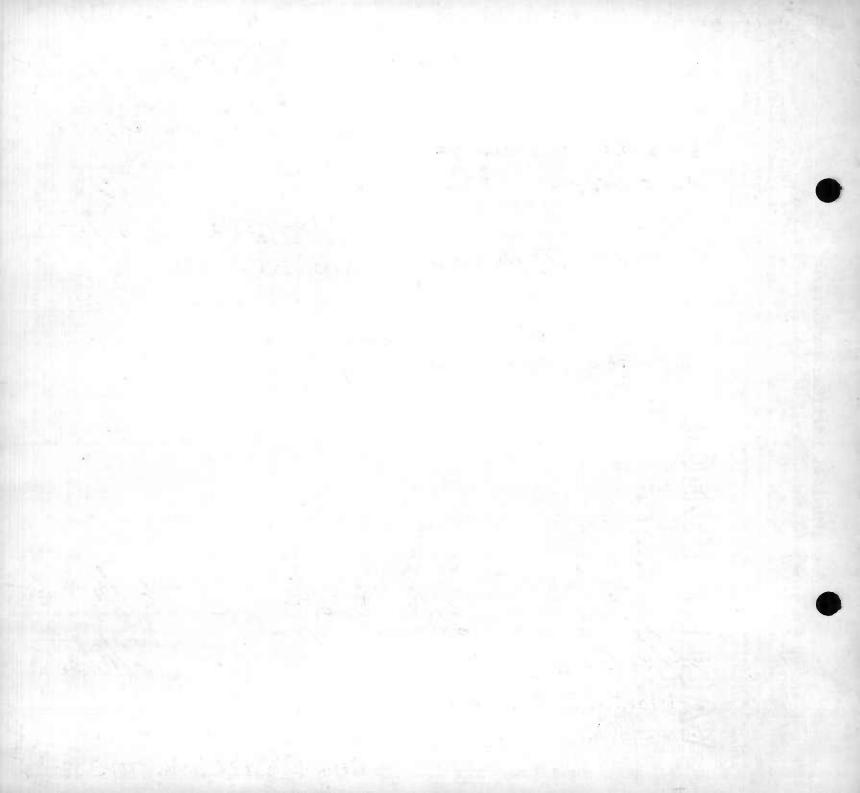
SOL LEVINSON & BROS. INC. 6010 REISTERSTOWN RD

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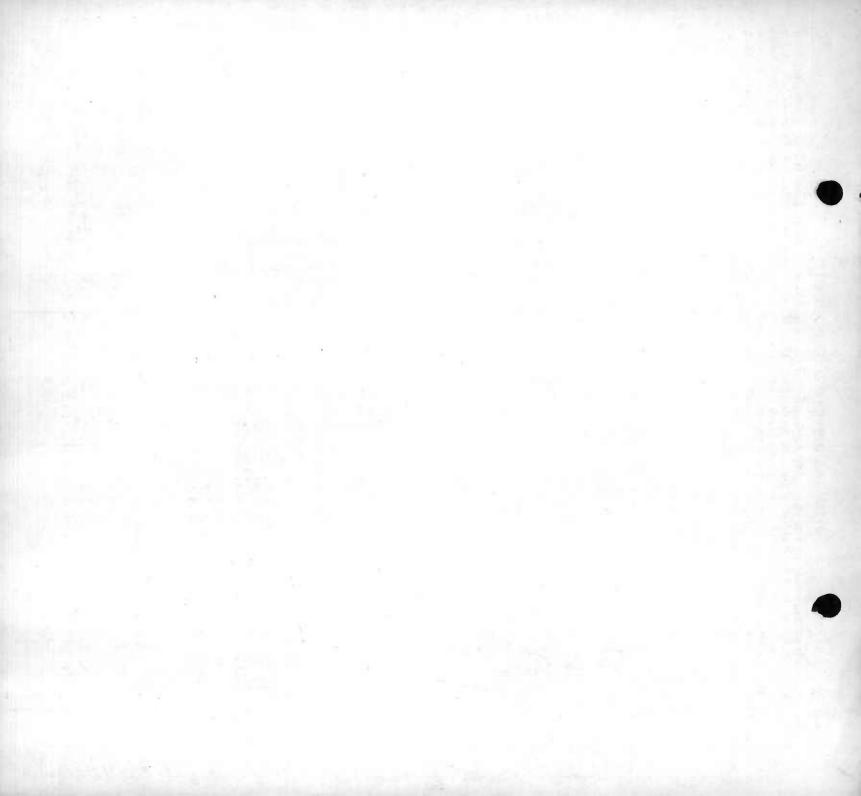
This certificate must be approved by the chief medical examiner or his assistant if death occurred in the body was released to the hospital by a medical examiner. Also, if the direct or contributing shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined can was D.O.A. at a hospital (except where the physician who pronounced death was in regular at deceased prior to death); and (6) No physician was in regular attendance on the deceased prior written approval must be obtained before the remains are embalmed or final disposition is made.		ct or contributing ct or contributing) Undetermined ca vas in regular at he deceased prio- osition is made.	
This certificate must be approved by the chief medical examiner the body was released to the hospital by a medical examiner; hows: (1) An accident of any nature; (2) Body burns; (3) A fractunas D.O.A. at a hospital (except where the physician who profeceased prior to death); and (6) No physician was in regular written approval must be obtained before the remains are emba	IMPORTANT	Also, if the directed fank, if the directed fank kind; (4) nounced death wattendance on the limed or final disp	
► A € ₹1 €	FUNERAL DIRECTOR:	his certificate must be approved by the chief medical examiner. The body was released to the hospital by a medical examiner. Thows: (1) An accident of any nature; (2) Body burns; (3) A fracturate D.O.A. at a hospital (except where the physician who pron leceased prior to death); and (6) No physician was in regular contitten approval must be obtained before the remains are embalar	

	BALTIMORE CITY HEALTH DEPARTMENT X Registered CEDTIFICATE OF DEATH X Registered	No. 65 6417
5 5 5 5	M.E. CASE NO.	
deat deat n th Suc	Type or Print BARS Boy THAN SIN 2. DATE AND HOUSE OF DE	T030
\$ 0 ° 4	3. PLACE OF DEATH IN BALTIMORE, MARTLAND 4. USUAL RESIDENCE (Where deceosed live A. STATE B. COUNTY	d. If institution: residence before admission)
S - C - D	FULL NAME OF (If not in hospital or institution, give street Maryland.	(11)
Pud o	HOSPITAL OR oddress or locotion) C. CITY OR TOWN (If outside city limits,	
in i	D. STREET ADDRESS (If rurol, give location	
ed ar de.	UNIVERSITY HOSPITAL D. STREET ADDRESS (If rurol, give location	90.00
occur ontrib ermin regule sased is ma	5. SEX 6. RACE NEGRO 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) 8. DATE of BIRTH OST birthdoy) 9. AGE (In year.) In the second of	If Under 1 Yr. If Under 24 Hrs. Months Day's Hours Min.
H CO	10A. USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR INDUSTRY 11/BIRTHPLACE (State or foreign country) dane during most of warking life, even if retired)	12. CITIZEN OF WHAT COUNTRY?
deat Unde as ir e de	13. FATHER'S NAME	V-3/T
w the	TAMEC TRANSEN DO	
stant ne dii ind; eath e on	15. Wos Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO.	ADDRESS
the the kind de de ind	(Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO.	ew ang 12/3
s as if any ced ndar or f	18. 768101 CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
lso, of of other properties of other properties of the	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	
o A e o a E	(This does not mean the mode of dying, e.g., DUE TO heart failure, osthenia, etc. 11 means the disease,	** මට සාක්ෂික්රටින මට රාජ්ම ************************************
act act	injury or complicotion which caused death.) ANTECEDENT CAUSES (B) SEPSIS	
A from A house	DISEASES OR CONDITIONS, if ony, giving	
exe (3) (3) in in	rise to the above couse (A) stating the (C) UNDERLYING CONDITION tost.	***************************************
lical rns; sicic was	7 11	
medic medic burns physic an wa	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
a nody ody he he sicie	U 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES.	WERE FINDINGS CONSIDERED G CAUSES OF DEATH?
he cl by (2) B re tl phy fore		oltimore City, give exact location)
tal her No	OR CONTRIBUTING CAUSE OF home, foctory, street, office bldg., INJURY OCCUR?	
d b pospi tur tur tur (6) 1	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	•
he he hony na	Work Al Work	/////
m + - 0	22. I certify that (*) (this haspital) attended the deceased from (*) (1) (we) last saw the deceased alive an (1) (we) last saw the deceased alive an (1) (au)	1963
d to d to t of a tal (tth);	and haur and from the causes stated above. (1) (4) (did) (did not) view the bady after death.	r) opinion death occurred on the date
assed to dent of ospital death) must b	23A. SIGNATURE	23 B. DATE HONED
J 0 .= - A	M.D. Attending Med. Stall Phys. Director Director Phys.	6/11/65
was reli Man acci A. at a l prior to	23C/PHYSICIAN'S NAME (Type) M.D.	
certificat sody was rs: (1) An D.O.A. at ased prio		(City, town, or county) /
ws: (s D.O ease	REMOVAL (Specify)	7. B 10 15
This certification of the body shows: (1) was D.O. deceased written a	25A. DATE REC'D BY HEALTH DEPT. 259 NAME OF REGISTRAR 25C FUHERAL DIRECTOR	ADDRESS 3
F T W 3 D 3	JUN 2 1 1965 Poleut E. Farbura Roffert Willia	mo 170/3/1800

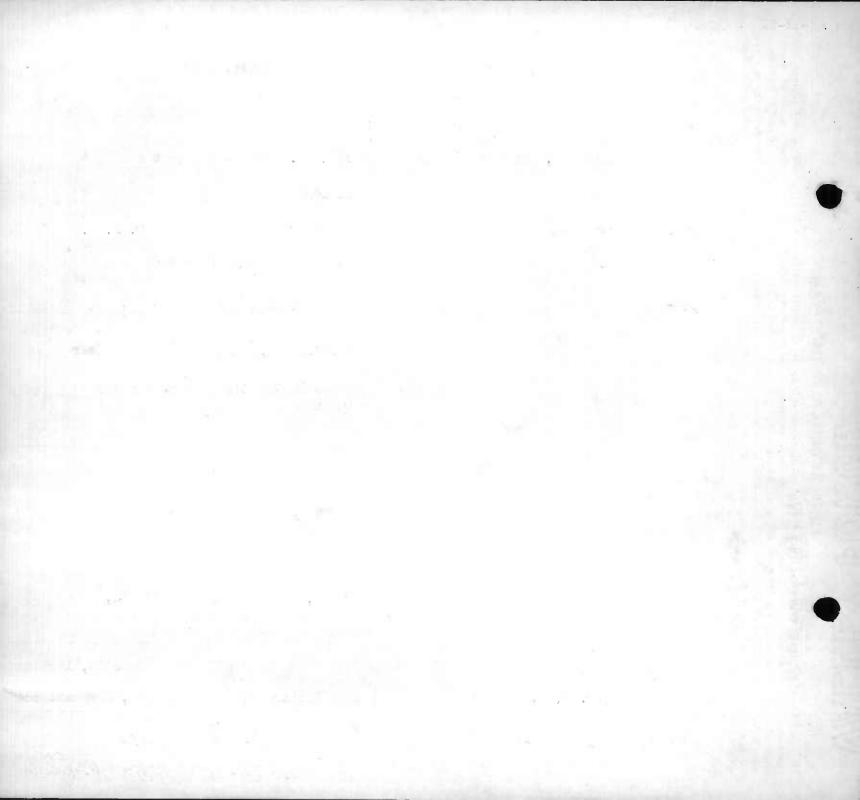


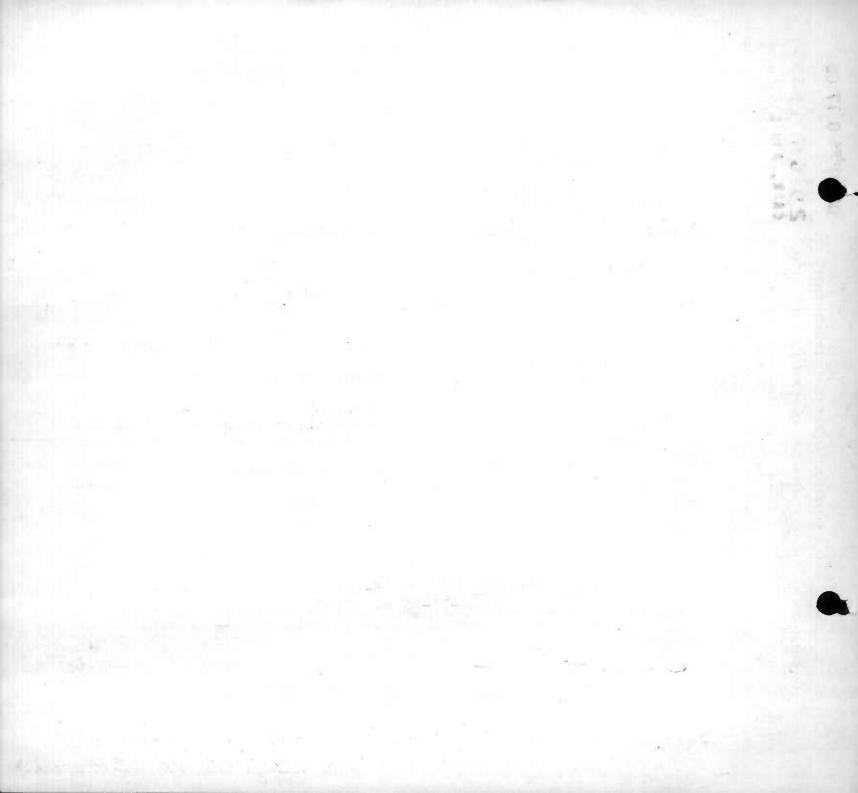
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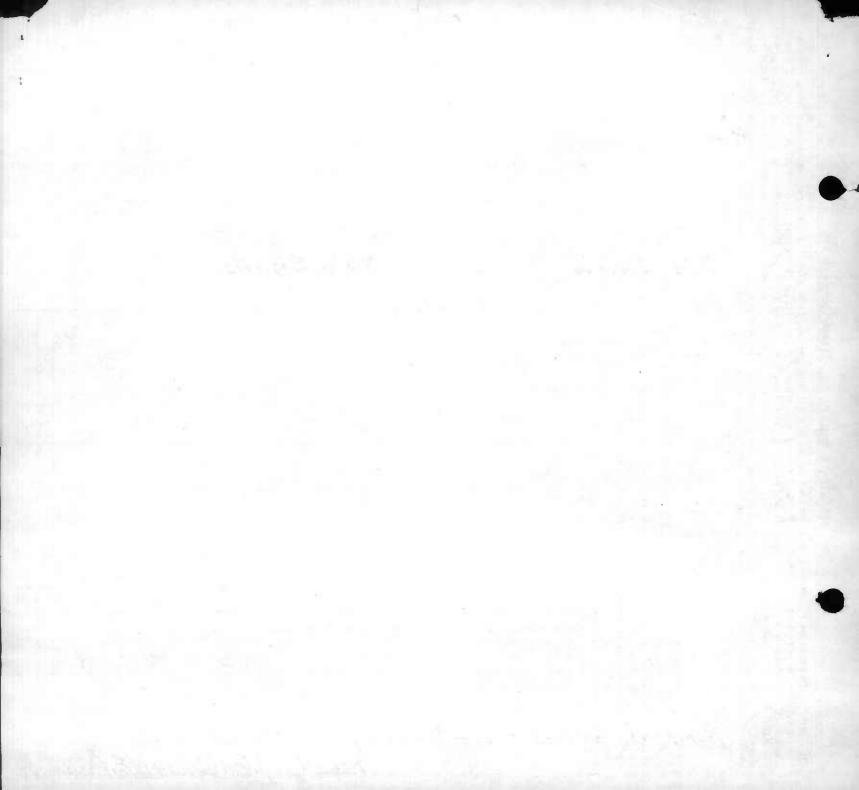


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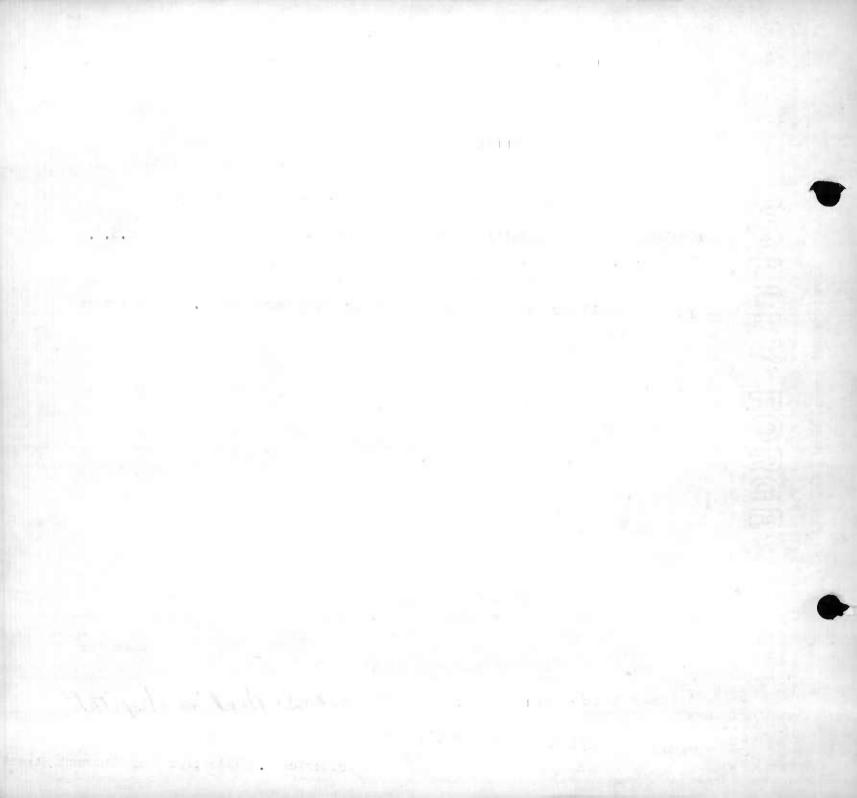




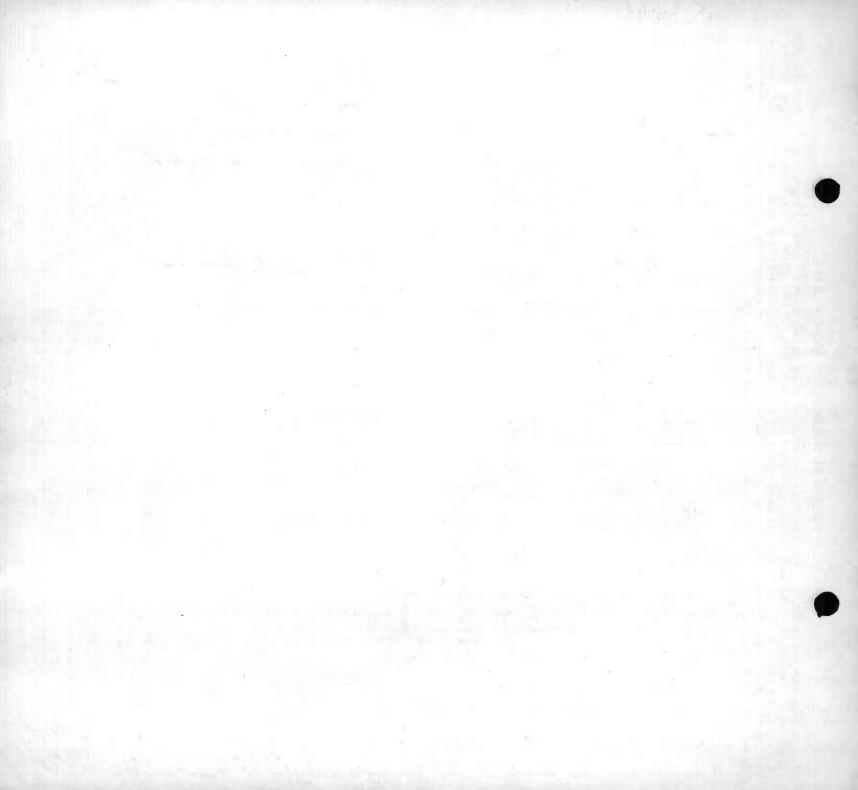
B1.59- 0101	BALTIMORE CITY	HEALTH DEPARTMENT		CE 6101
BIRTH NO. 65 0421	CERTIFICA	TE OF DEATH	Registered No.	65 6421
M.E. CASE NO. 1. NAME OF DECEASED			D HOUR OF DEATH	
(Type or Print) BROWN,	CLARA	6	118 165	8 40 p.
3. PLACE OF DEATH IN BALTIMORE, MARYLAN		4. USUAL RESIDENCE (When	e deceased lived. If inst	titution: residence before armissio
FULL NAME OF (If not in hospital or inst HOSPITAL OR oddress or location) INSTITUTION	titution, give street	manlan	L	JRAL and give township)
01	7	D. STREET ADDRESS (III	zerol, give location)	
Sinai Hospital		1608 €.7	Monumen	J 8.
	ARRIED, NEVER MARRIED		9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
OA, USUAL OCCUPATION (Give kind of work 108, I	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	an country)	12. CITIZEN OF WHAT COUNTRY?
Hospital Technician	Hospital	South Car	rolenia	USA
13. FATHERS NAME		14. MOTHER'S MAIDEN NAM	AE	
Edd Swith		Viala Sina	110	
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or dates of s	1 6. SOCIAL	17. INFORMANT	4 0	ADDRESS
Unknown the yes, give wor or dotes or s	SECURITY NO.	Hospital 7	lecord	
18.	CAUSE O	F DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTL	.Υ	a A		ONSET AND DEATH
LEADING TO DEATH	(A) alg	Pastic an	emis	3 weeks
(This does not mean the made of dying heart foilure, asthenia, etc. It means the a	g, e.g., DUE TO			
injury or complication which caused death				
ANTECEDENT CAUSES	(B)			
DISEASES OR CONDITIONS, if any,	giving			
rise to the obave cause (A) statis	ng lhe (C)		••••••••••••••••••••••••••••••••••••••	
OTHER SIGNIFICANT CONDITIONS CONTE TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.		noun		
. 1	N FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.	20B. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)	21B. PLACE OF INJURY (e.g., in home, form, factory, street, of etc.)	or about 21C. WHERE DID	(If in Battimore	City, give exact location)
21D. TIME (Month) (Doy) (Year) (Ho	ut) 21E. INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
(APPROX)	While At Work At Work			
22. I certify that (this hospital) atta		115 000	065 61	18 19 65
that (we) last saw the deceased ali	1 10	1	- /	ion death occurred on the c
			n in (ney) (our) opin	ion death accurred on the
and hour and from the couses stoted of	bave. (We) (did) (did ov) v	iew the body after death.		OOD DATE SIGNED
23A. SIGNALISKE	M.D. Atte	nding Med.	Stoff T	23B, DATE SIGNED
Jamp//lego	Phy:	s. Director	Phys.	6/18/03
23C. RHYSICIAN'S NAME (Type)	M.D.	SIMAI	Hornika	1
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF CRE	MATORY 24D. LO	CATION (City	town, or county) (State
REMOVAL (Specify)	E . A.	il il	1000	0
TEMOVAL 6-22-65 25A. DATE REC'D BY HEALTH DEPT. 25B.	MAME OF REGISTRAR	26C FUNERAL DIRECTOR	16-Er, 2	ADDRESS
JUN 21 1965 (7 0.	BE FarleyMA	Ra 100.10	12-00° 1.	Min & Dit
VS 150-REV, 1/1/65	~ -,	Junao gul	WOCKICK!	TILGIT/reelen.



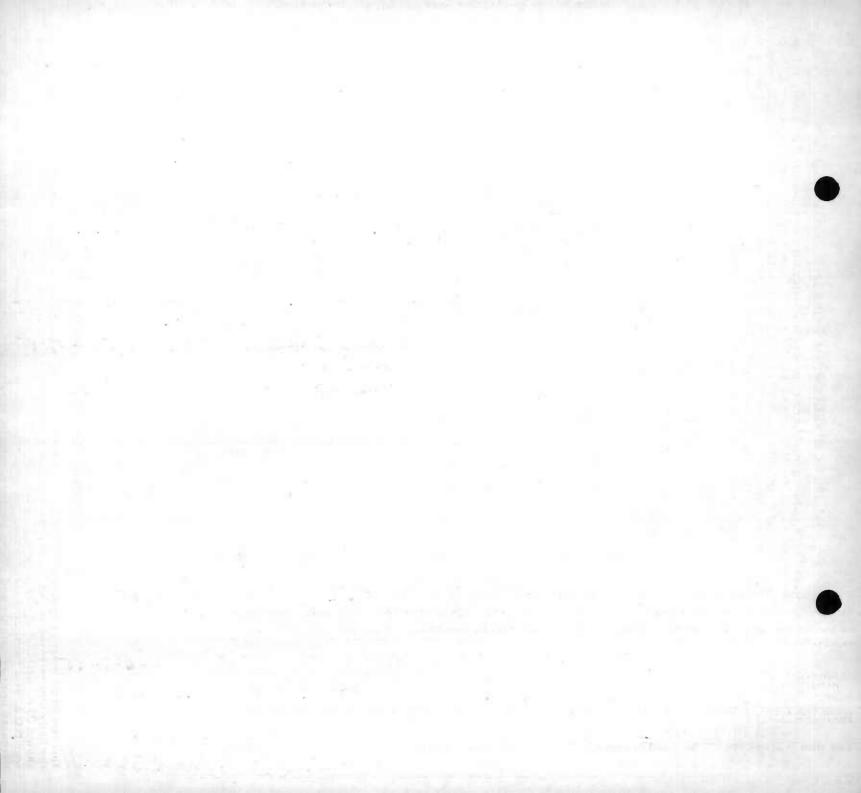
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	No. 10-165 6423	CERTIFICA			65 6423
AA. F		CERTIFICA	TE OF DEATH	Registered No.	(10) (11)
	CASE NO.		2. DATE AN	D HOUR OF DEATH	
(Туре	or Print Kiser Babu	Bon.	6/13	165	1 7 12
3. PI	ACE OF DEATH IN BALTIMORE MARYLAND	000	4. USUAL RESIDENCE (When	e deceased lived. Il insti	tution: residence belare admi
			A. STATE B. COUN	TY	1 n
FU	JLL NAME OF (If not in hospital or institution	on, give street	Manglane		6-0
- IN	OSPITAL OR oddress or location)		C. CITY OR TOWN GIF OU	side city limits, write RU	RAL and give township)
)			Wollen	are.	
2	11115 110500 00	Back	D. STREET ADDRESS	ujol. give location)	1
0	INAI HOSP &	1300010	8 M. O.	adon 11	
5. SE	X 6. RACE 7. MARR	IED, NEVER MARRIED	B. DATE OF, BIRTH	9. AGE (In years	If Under 1 Yr. , II Under 2
		WED, DIVORCED (specify)	6/13/6	lost birthdoy)	Monms Doys Hours
	USUAL OCCUPATION (Give kind of work 108, KIND	wer married	11. BIRTHPLACE (State or lorei		12. CITIZEN OF
	during most of working life, even if retired)		Δ.	gn coonity)	WHAT COUNTRY?
	Newson "		Ma		USA
13. F	ATHERS NAME		14. MOTHER'S MAIDEN NA		
	Ray		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Gallier	
35 14	Vos Decensed Ever & II S A	1 6. SOCIAL	17. INFORMANT	facces	ADDRESS
(Yes,	Vos Deceased Ever in U. S. Armed Forces? no or unknown) (II yes, give wor or dotes of service	SECURITY NO.			- APPRESS
	No				
1	18. ////	CAUSE O	F DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY				ONSET AND DEAT
	LEADING TO DEATH	in He	caline Member	ine Disease	12 krs
	(This does not meon the made of dying,		1	******	
	heart failure, asthenia, etc. It means the disectinity or complication which caused deoth.)	ose,		001	
	ANTECEDENT CAUSES	(B)	remalurity:	delivery	
		DUE TO			
	DISEASES OR CONDITIONS, if any, giverise to the obove couse (A) stating	ring	rematurity:	on	
	UNDERLYING CONDITION lost.	(6)			POR CONTRACTOR OF THE PROPERTY
-	11				
Z	OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING			
TION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO				
ATI	OTHER SIGNIFICANT CONDITIONS CONTRIBUTO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	THE	20A. AUTOPSY? (Yes or No	20B. IF YES, WERE FIN	IDINGS CONSIDERED
ATI	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO	THE	20A. AUTOPSY? (Yes or No	20B. IF YES, WERE FIN	IDINGS CONSIDERED
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MEDICAL CERTIFICATI	OTHER SIGNIFICANT CONDITIONS CONTRIBUTO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notily medical examines) 21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.) 22. I certify that (I) (this hospital) attended that (I) (we) last saw the deceased alive (and haur and fram the causes stated abave 23A. SIGNATURE	THE OR WHICH OPERATION 21B. PLACE OF INJURY (e.g., in home, form, foctory, street, on etc.) 21E. INJURY OCCURRED While At Not Whith At Work an	n or obout 21C. WHERE DID INJURY OCCUR? 21F. HOW DID INJ 21F. HOW DID INJ 21F. How did in and the view the bady after death.	URY OCCUR?	Es OF DEATH? City, give exact location! Sign of the second of the seco
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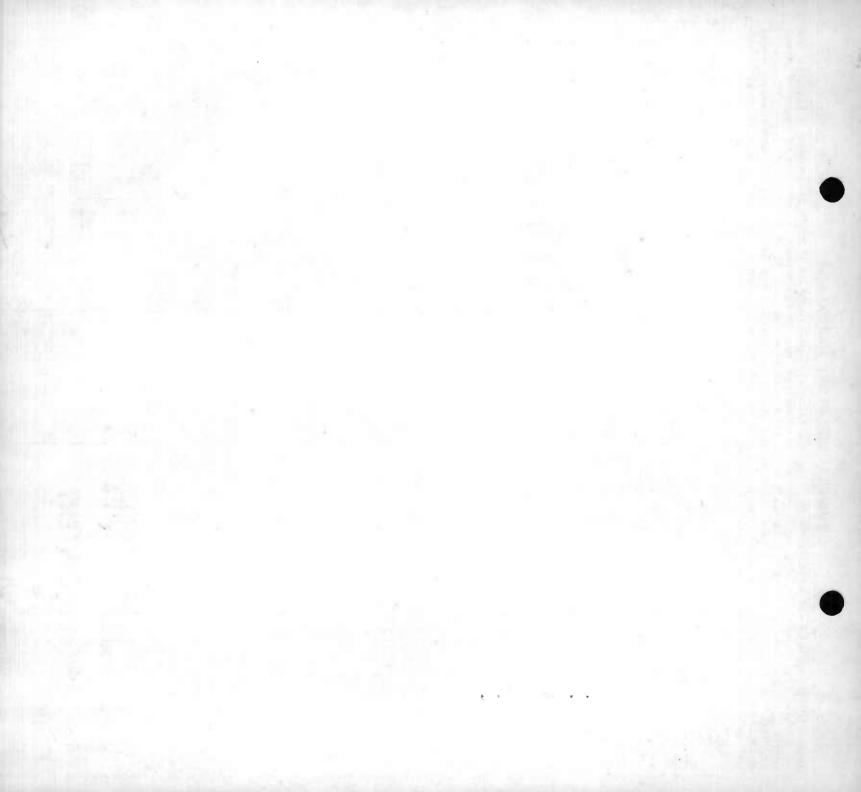


C. HRTMUR ROSSBERG 2436 Walnuplay Med 215 3 OURTES E EVANS



VS 150-REV. 1/1/65

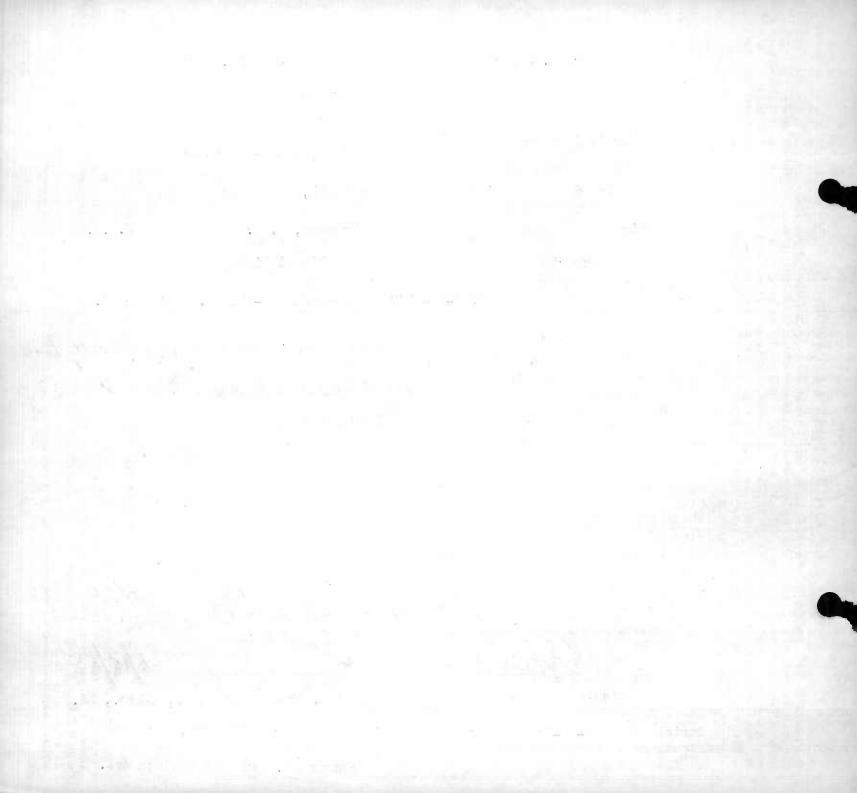
DEATH Registered No. 100
2. DATE AND HOUR OF DEATH
6/20/65 1/20 Am.
SIDENCE (Where deceased lived. If institution: residence before admission) B. COUNTY
Baldina a
TOVEN (If outside city limits, write RURAL and give township)
2-02
DDRESS (If eyrol, give locotion)
55. Regester ST.
1RTH 9. AGE (In years If Under 1 Yr., If Under 24 Hrs. Months; Doys Hours; Min.
183
CE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
1 11 = 1
S MAIDEN NAME
rohesa.
ADDRESS R
RD KUCHARSIKI 409N, MALYIV AU
INTERVAL BETWEEN ONSET AND DEATH
stola audicand 15 day
Oban Obstruction 15 day
Lacros Dinimeters 12 geor
U
011
adelectors lodays
PSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
WHERE DID (If in Boltimore City, give exact location) JRY OCCUR?
HOW DID INJURY OCCUR?
1 10/6 / / / / / /
19/5 10 6/20 19/6 5,
and that in(my) (our) opinion death occurred on the date
ofter death.
23B. DATE SIGNED
Mod. Director Phys. 9 6/20/6
100
24D. LOCATION (City, town, or county) (State)
ENA DIDECTOR
Y M. WEBER TSONSINZ.
TERY DUNDALK MD RAN DISECTOR SER TSOINS IN ADDRESS 401 SCHESTER ST.

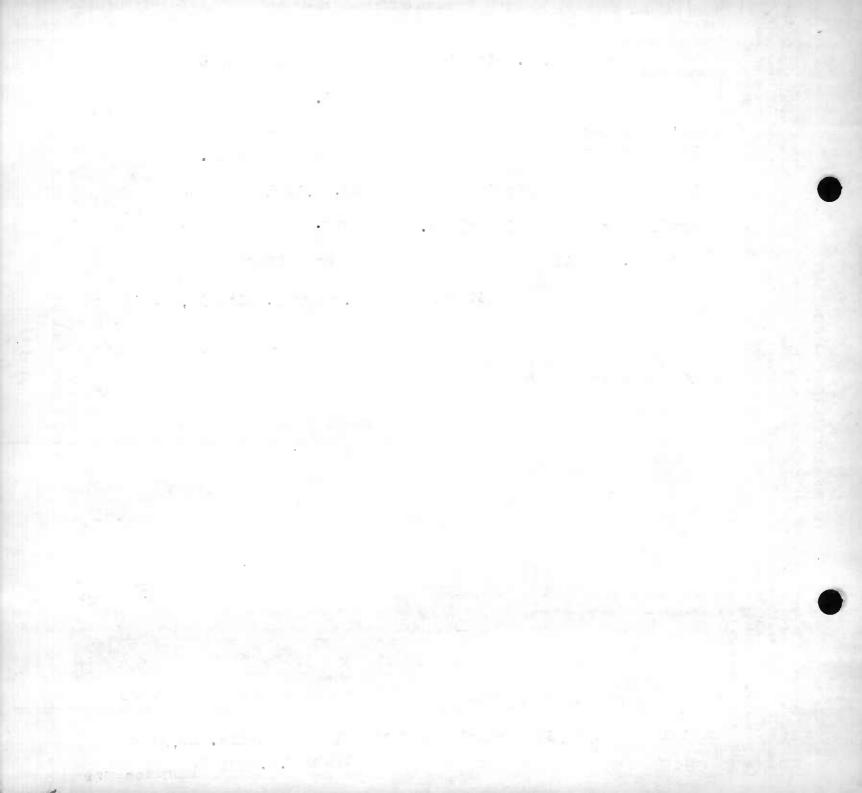


VS ISO-REV.

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	65 64	90	BALTIMORE CITY	HEALTH DEPARTM	IENT	CE CAGO
BIRTH NO.	00 04	20	CERTIFICA	TE OF DEA	TH Registered No	65 6428
M.E. CASE NO.	FASED				ATE AND HOUR OF DEAT	ы
Type or Print)	Mary E.	Tamos		2, 0		n .
B. PLACE OF DE	ATH IN BALTIMORE, MAI		5	I USUAL RESIDENC	June 18, 1965	institution: residence before admiss
FULL NAME O	,		n. give street	A. STATE BARYLAND	COUNTY	A A A
HOSPITAL OR	oddress or location			c. city or town Baltimore		B RURAL and give township)
	Maryland Gen	eral H	lospital	D. STREET ADDRESS	(If rural, give location)	
0			, , , , , , , , , , , , , , , , , , ,	144 N. Ed	dgewood Street	
. SEX	6. RACE		D, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Months Days Hours Min
Female	Colored		PED, DIVORCED (specify)	April 11, 1	L900 65	Months Days Hours Min
			OF BUSINESS OR INDUSTRY			12, CITIZEN OF
	working life, even if retired)			777	0.0	WHAT COUNTRY?
Domes 3. FATHER'S NA				Florence,		ULS.A.
J. FAIREKS NA				14. MOTHER'S MAID		
	Roberts			Sophia W	Villiams	
	Ever in U. S. Anned Ford		1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No	yes, give wor or doles	o or service	215-28-9147	Roscoe Jam	nes - 119 N. Be	ntalou St
18 83	6 7 .		CAUSE O		- 117 N. De	INTERVAL BETWEEN
44						ONSET AND DEATH
DISEA	SE OR CONDITION DIR	ECILI	Dr. A	alla Conti	ardevaseuler (" m. I.ll .
rise to the	OR CONDITIONS, if ce abave cause (A) G CONDITION last.	stating th	ne (C)			
TO THE D	FICANT CONDITIONS CO EATH BUT NOT RELA CONDITION CAUSING IT	TED TO	THE		<i>i</i>	
E 19A. DATE OF	OPERATION 198. CONI	ORMED	R WHICH OPERATION	20 A. AUTOPSY? (Y	IN CERTIFYING	E FINDINGS CONSIDERED :AUSES OF DEATH?
OR CONTRIBU	NT WAS UNDERLYING UNDERLYING CAUSE OF medical examiner)	2 h e	1B. PLACE OF INJURY (e.g., in ome, form, foctory, street, of tc.)	or about 21C. WHERE fice bldg., fNJURY OC	E DID (If in Baltim CUR?	ore City, give exoct locotion)
21 D. TIME	(Month) (Day) (Year)	(Hour) 2	IE. INJURY OCCURRED	21 F. HOW	DID INJURY OCCUR?	
(APPROX)			While At Not While			
			Vork At Work			6/10
			the deceased from	1 1/1	196 5 to	19 19
that (1) (we)	last saw the decease	d alive on	6/1	9 19 6 5	_and that in(my) (our) a	pinion death accurred an the
ond haur an	d fram the couses state	ed above.	(I) (We) (did) (did hat) v	iew the bady after	death.	
23A. SIGNATU	JRE 0					23B. DATE SIGNED
	5/1	Tur	All M.D. Atte	ending Med. S. Direck	or Staff Phys.	6/18/65
23C. PHYSICIA	IN'S	0000		23D. ADDRESS		101.0100
NAME (1	(ype)	. 3				7
	Elijah Saur		M.D.		rest Park Ave.	
REMOVAL	MATION, 24B. DATE Specify)	24C.	NAME of CEMETERY of CRI			City, town, or county) (Stat
Burial	6-22-6	5	Arbutus Memor:	ial Park	Baltimore,	Maryland
	BY HEALTH DEPT.	25B. NAM	E OF REGISTRAR	25C. FUNERAL D	IRECTOR	ADDRESS
JUN 21	1965 (P.D. A	8.5	arbey M. M.	Charles	R. Law 802 Mad	lison Ave.
'S 150-REV. 1/1/	65	7 4			0 0	





was D.O.A.

2

VS 150-REV. 1/1/65

shows: (1)

attendance on the

and

a hospital

of death

cause

	00		CATE OF DEATH	Registered No	65 643
M.E. CASE NO.	65	0431 CERTIFIC	CATE OF DEATH		
1. NAME OF DEC		2		AND HOUR OF DEAT	
2 01 4 5 5 0 5 5 5	NEILS	P. HANSEN	d	UNE 18	institution: residence before
3. PLACE OF DEA	TH IN BALIMORE, MA	KILAND	A. STATE B. COL	INTY	institution; residence before o
FULL NAME C		or institution, give street	MaryLA	Nd	01-112
HOSPITAL OR	oddress or location	n)	C. CITY OR TOWN (IF	outside city limits, write	RURAL and give township)
1,1			D. STREET ADDRESS	ORE 2	1214
7			D. STREET ADDRESS	ff rurol, give location)	
UNION	NEMORI	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify	4701 EL	SRODE F	PVE
5. SEX	6. RACE	7. MARRIED, NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. , If Under
MALE	CAUCASIAN	MARRIED	1-8-97	lost birthdoy)	Months Doys Hours
		108, KIND OF BUSINESS OR INDU		reign country)	12. CITIZEN OF
done during most of	vorking life, even if retired)				WHAT COUNTRY?
	ETIRED		DENMAR		U-S.A.
13. FATHER'S NA	A E		14. MOTHER'S MAIDEN N	AME	
MANO	ER HANSE	N	ANINA	JENSEN	
15. Was Deceased	Ever in U. S. Armed Fo	rces? 16. SOCIAL	17. INFORMANT	V - 1002 10	ADDRESS
(Yes, no or unknown	(If yes, give wor or dot	es of service) SECURITY NO.			
116			Chart		
1B.	/ O I	CAU	SE OF DEATH		INTERVAL BETWO
DISEA	E OR CONDITION DI	RECTLY			
	LEADING TO DEATH	(4)	Cirrhosis	cel LIVE 1	a 10 years
UNDERLYING	abave cause (A) CONDITION last,				
E TO THE D	EATH BUT NOT REL	ATED TO THE			
U 19A. DATE OF	OPERATION 198. COI	NOTION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or	No. 20B. IF YES. WER	E FINDINGS CONSIDERED
E APAIL -	27 1465 WAS PE	REFORMED		IN CERTIFYING C	AUSES OF DEATH?
	T WAS UNDERLYING	Portal hypertension	e.a., in or obout 21 C. WHERE DID	(If in Boltime	ore City, give exact location)
OR CONTRIBI	TINIO GALLER OF	home, form, foctory, stre	et, office bldg., INJURY OCCUR?		,, ,
O DEATH (notify	medical examiner)				
-	(Month) (Doy) (Year)			NJURY OCCUR?	
OF INTE		White At Not	While Work		
21D. TIME OF INJURY (APPROX.)		Work At	Work 🗀		
OF INJURY (APPROX)	ak-a (**) (aki- k	WORK - AT	AAOUK	10 4 C	6-19
21 D. TIME OF INJURY (APPROX.) 22. I certify		i) attended the deceased fram.	2-21		
21 D. TIME OF INJURY (APPROX.) 22. I certify		WORK - AT	2-21		
21 D. TIME OF INJURY (APPROX) 22. I certify that (H) (we)	last saw the deceas	i) attended the deceased fram.	2-21 19.65 and	that in (my) (aur) a	
21 D. TIME OF INJURY (APPROX) 22. I certify that (+) (we)	last saw the deceas	i) attended the deceased framed alive an function	2-21 19.65 and	that in (my) (aur) a	6 - 18 19 pinian death accurred an 238, DATE SIGNED
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21 D. TIME OF INJURY (APPROX.) 22. I certify that (H) (we) and haur and 23A. SIGNATU	last saw the deceas I from the causes sto RE . Ann A	i) attended the deceased framed alive an function (We) (did) (did not be a second to the did not be a	2-21 19 65 and Attending Med. Phys. Director	that in (my) (aur) a	pinian death accurred an
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21 D. TIME OF INJURY (APPROX.) 22. I certify that (H) (we) and haur and 23A. SIGNATU 23C. PHYSICIA NAME (T ELLE 24A. BURIAL CRE REMOVAL (I fram the causes state RE ANN DAGO MATION. 24R. DATE pecify)	i) attended the deceased framed alive an function of the deceased framed above. (#) (We) (did) (did not be above. (#) (We) (did) (M.D.)	Attending Med. 23D. ADDRESS W.D. Union MEMORI	Shoff Phys, A Location	238. DATE SIGNED June 18, 18 Balto - Me
21 D. TIME OF INJURY (APPROX.) 22. I certify that (H) (we) and hour and 23A. SIGNATU 23A. SIGNATU 23A. SIGNATU 24A. BURIAL CRE	I from the causes state RE AND NOS (N) ANN DAGC MATION. 248. DATE (pecify) (1) (2) (3) (4) (4) (5) (6) (8)	i) attended the deceased framed alive an function of the deceased framed above. (#) (We) (did) (did not be above. (#) (We) (did) (M.D.)	Attending Med. 23D. ADDRESS W.D. Union MEMORI	Shoff Phys, A LOCATION (BALTO	238. DATE SIGNED June 18, 18 Balto - Me

A. HEEMANN

HARFORD

BIRTH NO.

M.E. CASE NO. I. NAME OF DECEASED

3. PLACE OF DEATH IN BALTIMORE,

(Type or Print)

and

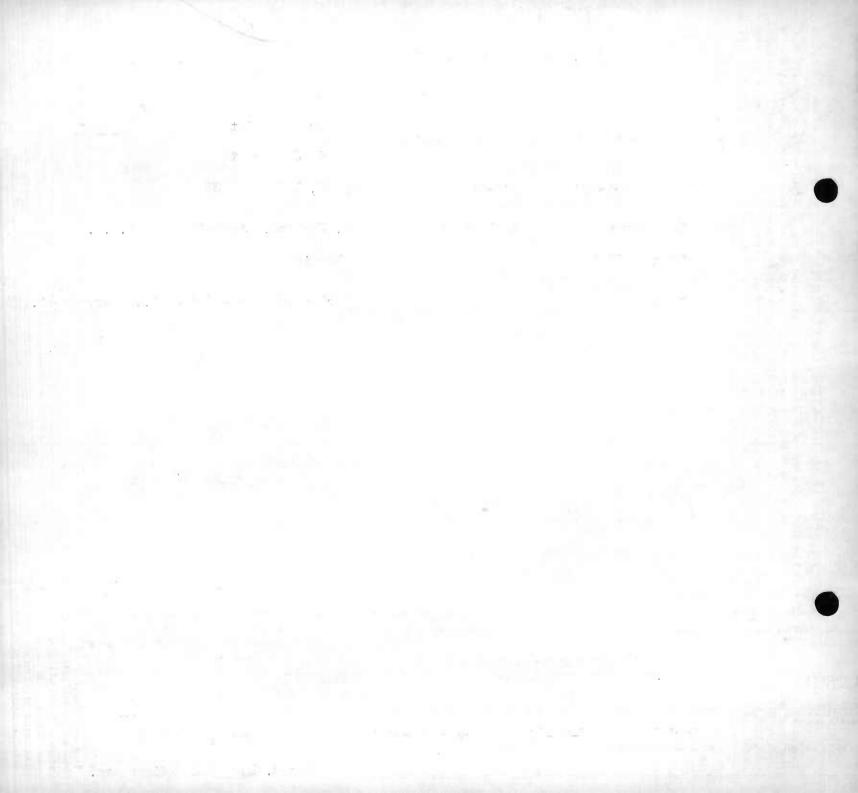
Mas

25A. DATE REC'D BY HEALTH DEPT.

VS 150-REV, 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT Registered No. 6.2 CERTIFICATE OF DEATH 2, DATE AND HOUR OF DEATH BULLETT, CHARLES E. RESIDENCE (White deceased lived/If institution; residence before admission)

8. COUNTY 10:03P. M. (If outside city limits, write RURAL and give township) If Under 1 Yr. If Under 24 Hrs. Months Doys Hours 12. CITIZEN OF WHAT COUNTRY? U. S. A. ADDRESS Charles Bullett - 805 J St.. Sparrows Pt., Md ONSET AND DEATH 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) ond that in (my) (our) opinion death occurred on the date Carver Memorial Park Laurel, Maryland 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS Charles R. Law 802 Madison Ave.

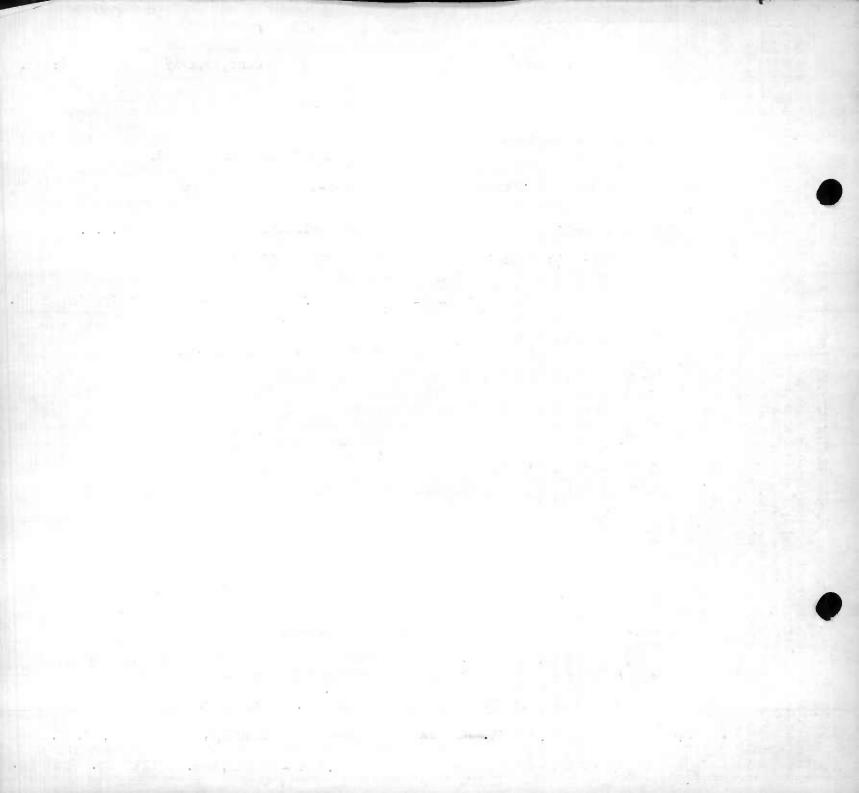


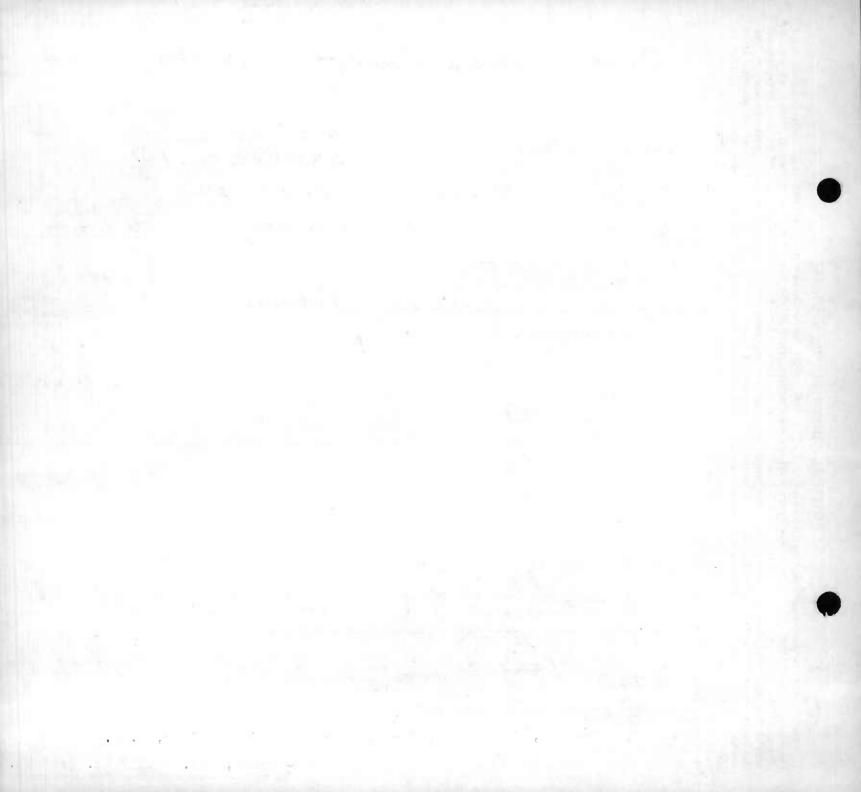
BALTIMORE CITY HEALTH DEPARTMENT

IMPORTANT DIRECTOR: FUNERAL

VS 150-REV. 1/1/65

4. USUAL RESIDENCE (Where deceased lived, II institution: residence before odmission)
A. STATE
B. COUNTY (If outside city limits, write RURAL and give township) If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? U.S.A. ADDRESS 201-23 Harse Harding Blvd. INTERVAL BETWEEN ONSET AND DEATH 20B. IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) June 23 B. DATE SIGNED June 18,1965 Flushing Long Island, N. Y. ADDRESS 1217 St. Paul St.





BIRTH NO. M.E. CASE NO.	65 6435	CERTIFICA	TE OF DEATH	Registered Na.	65 6435
MAME OF DECEAS	ED		2. DATE	AND HOUR OF DEATH	/
(Type or Print)	xki Diffman	Delmer E.		6-18-	
3 PACETIFICA	TE THE RECTED	7-7-65		Where deceased lived. If in OUNTY	stitution: residence before od
FULL NAME OF	(If not in hospital or institution	on, givei clical	WEST VIRG		1/-45
HOSPITAL OR	address or location)	11 11		If outside city limits, write F	RURAL and give township)
2 You	has Keptins,	Mospital	S. CHARLE	(If rurol, give location)	
	e Transfer			HERD AVENUE	
5. SEX 6.	RACE 7. MARRI	ED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under
m	W/ 0-	WED, DIVORCED (specify)	2-19-20	lost birthdoy	Months Doys Hours
	TION (Give kind of work 108, KIND			foreign country)	12. CITIZEN OF
Chemical We	ing lite, even if retired Union	arbide & Carbon	Sandyville	. W. Va.	WHAT COUNTRY?
13. FATHERS NAME			14. MOTHER'S MAIDEN		U. S. M.
LINES E	DEST DIAKE		C		
15. Was Deceased Ev	BERT BLAKE	1 SOCIANE	JARAN FRA	NCES DUKE	ADDRESS,
(Yes, no or unknown) (ff	yes, give wor or dates of servic	e) SECURITY NO.			w. Va
120 4 5		285-11-7382		Blake Sou	th Charleston
18.5 4.0		CAUSE O	r DEATH		ONSET AND DEA
	OR CONDITION DIRECTLY		generalized po	erdonites	10days
(This does not	mean the made of dying	.g., - 4 100E 10	erieranzea po	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,
	henia, etc. II means the disea cafion which caused deoth.)	2 2 2 1	0 1 4 1	. 1	u al
AN	TECEDENT CAUSES	FICATION	rforated pylori	e uices	11 days
	CONDITIONS, if any	5 3 8 5 E	ortico steroid		12 01-
	obove cause (A) slatting (CONDITION last.	3 3	01 +16 0 7 LEL 0101	Therapy	12 days
	11	Sement des	retolemberties	i Ketoaciclesis	75 VIS 6
O THE DEA	ANT CONDITIONS CONTRIBUT		inflamming, R.		1 podays
DISEASE OR CO	NDITION CAUSING IT.	Avterios	distribute Mead	+ clese conti	ribuling 20 year
HE / A. DATE OF OI	PERATION 198. CONDITION FO		NO	IN CERTIFYING CA	FINDINGS CONSIDERED
	WAS UNDERLYING	21B, PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE DI	D (If in Boltimore	City, give exact location)
OR CONTRIBUTION	IG CAUSE OF	home, farm, factory, street, or etc.)	fice bldg. INJURY OCCUI	R?	
0 21D. TIME (A	Nonth) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?	
OF INJURY (APPROX.)		While At Not Whil	e		
	ot (I) (this haspital) ottende	Work At Work	5-26	19 65 to	6-18 19
	st sow the deceased olive o	1 - 10			
				d that in (new) (our) api	nion deoth occurred on
ond hour ond fr	om the couses stoted obove	(πe) (did) (diamet) ν	riew the body ofter dea	ith.	23B, DATE SIGNED
2001 VIOINAI VIE	R. Danil 1	Ale MAND. Atte	ending Med.	Stoff	
23C. PHYSICIANS	" Davy	Phy	s. Director L	Phy s.	6-18-6-
23C. PHYSICIAN'S NAME (Type		M.D.	JOHNS HOPK	CINE HOEBTTA	
UR . DA	RRYL FISHER	.NAME of CEMETERY OF CRI			
REMOVAL (Spe	ify)	CHANGE OF CENTETERS OF CRI	State of the second		ty, town, or county)
BURIAK	HEALTH DEPT. 258 NAM	CIPLEY CEN	DETERY	WEST. VIA	EGINIA ADDRESS 1217 ST. PAUL
25A. DATE REC'D BY	1965 120 14 2	aber Mill	1. L. A.	, lok	ADDRESS
0011 0-	John Mercan C'		um. Cook-	BROOKS INC.	12175T. PAUL
/S 150-REV. 1/1/65				Jan.	2/202

65 6436

BIR	TH NO.	MED	ICAL EX	CAMINER'S C	ERTIFIC	ATE OF E	DEATH Registe	red No.
M.	E CASE NO.							
1. (Ty	NAME OF DE	CEASED			U. C. C. C.	2. DATE ANI	D HOUR PRONOUNCE	ED DEAD
			JOSEPH	N. KOLB			6/18/65	110:45 p. M.
3. 1	LACE IN BAL	TIMORE, MARYLAND, W	HERE PRONOL	INCED DEAD	A. STATE	RESIDENCE (Where	deceosed lived. If insti	itution: residence before odmission)
FU	LL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITU	ITION, GIVE STREET	C CITY OF	Maryland		13000
HO INS	SPITAL OR	ADDRESS OR LOCA	ATION)		C. CITT OF	IOWN (II ouiside	e corporole limits, write	RURAL and give township)
1						Baltim		63-09
1					D. STREET	ADDRESS (If rurol,	give location)	
		Hospitals	17 44 4 6 6 1 1 1	ALEXCER AA ABBIER	B. DATE OF	521 S.	46th St.	
5. 3	EX	6. RACE		NEVER MARRIED DIVORCED(specify)	8. DATE OF	BIRIH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
_	nale	white	Sin		4/16	/48	17	
		UPATION (Give kind of wor working life, even if retired)	KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPL	ACE (State or foreig	n country)	12. CITIZEN OF WHAT COUNTRY?
	Studen	t	S	chool	Bal	timore M	aryland	USA
13.	FATHER'S NAM	A E			14. MOTHER	'S MAIDEN NAME		
		N. Kolb Sr.			Vio:	la B. Hil	ditch	
		D EVER IN U.S. ARMED		16. SO CIAL SECURITY NO.	17. INFORM	ANT		ADDRESS
	No	No			Togen	h N Kolh	Sr., 521 S	5 46+h S+
	18.	110		CAUSE	OF DEATH		DIO JEI I	INTERVAL BETWEEN
	STON.	717						ONSET AND DEATH
	DISEA	SE OR CONDITION DI LEADING TO DEATH		Ma.7447				All 2 and a larger of the
	(This does	not mean the made of	dvina e.a.	(A.Multipl	e inju	ries	***********************	
	heort foilure	osthenio, etc. It meons	the discose, deoth.)	002.0				
		OR CONDITIONS, IF A		(B)				
	RISE TO TH	E ABOVE CAUSE (A) S		DUE TO				
z	UNDERLI	NG CONDITION LAST.		(C)				***************************************
ō		li li						
3	OTHER SIG	NIFICANT CONDITIONS	CONTRIBUTION	1G				
三		DEATH BUT NOT RE		HE				
CERTIFICATION	19A. DATE OF	OPERATION 198. CON	IDITION FOR	WHICH OPERATION	20A. AUT		20B, IF YES, WERE FIR	
O		WAS PER	FORMED		no		IN CERTIFYING CAUS	ES OF DEATH?
₹	21 A. EXTERNA	CAUSE WAS	218.	PLACE OF INJURY (e.g., form, foctory, street,		C. WHERE DID	If in Boltimore City, giv	ve exoct location)
EDICA	UTING CAU	SE OF DEATH.	etc.)	street				nd Delbert Ave.
Σ	21D TIME	(Month) Doy) Yeo	r) Hour) 2	IE. INJURY OCCURRED				enger in auto
	OF INJURY							suger in auto
		0 10 05 7	9:45 pm. V	VORK AT W	ORK	which stru	ск роте	
	22.	tify that I held on I	nquiry 🗌	Inspection X Aut	topsy	ond that on thi	s bosis, deoth in m	y opinion
	resul	ted from: Notural co	uses A	ccident X Suicid	e Ho	micide L	Indetermined monne	
-			_	/ /		F MEDICAL EX		
	ACTUA	L wels	1.1	5 1-	ASSISTAN	T MEDICAL EX		DATE SIGNED
	SIGNAT		- 101,	M.D	•			6/19/65
	EXAMIN NAME (I. Spitz	. M.D.	ASSOCIAT	E MEDICAL EX	CAMINER	0/13/03
	BURIAL CRE	MATION, 23B. DATE		C. NAME OF CEMETERY	CREMATO	23 D. Le	OCATION (City,	town, or county) (Stote)
KE/	MOVAL (Specif		165				7	
244	Burial A DAIE REC'D	BY MEAUTH DEPT		Western Ceme	tery	INERAL DIRECTOR	ltimore, Ma	ary Land Address
	JIIN 21	1955 Obleel	2 5.00	Decidence use			ke Inc 12	17 St Paul St
	00,1	400			WIII	COOK-Droo		imore 2. Md
VS	151-REV. 1/1/	65	5 40 to		Fig. 12	4 4	Dalk	1

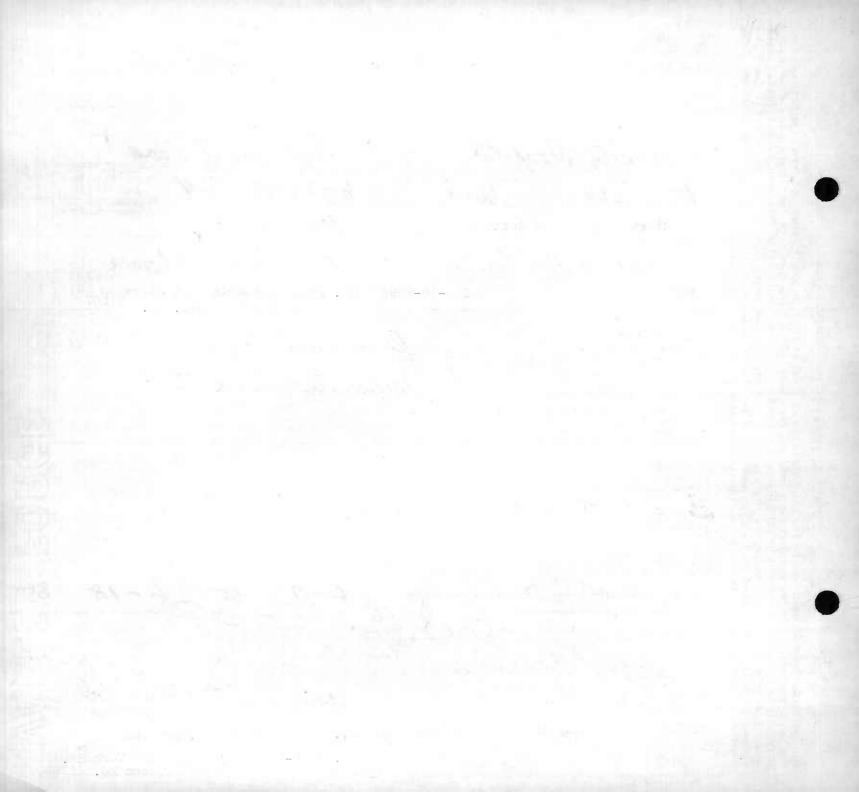
WINDS . A SOCIETY OF PERSONS 是是他们,他们是他们在一个人的,这种对外,不是我们也是这个人的人。 第一个 And the second of the second

IMPORTANT

DIRECTOR:

FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT



BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO.

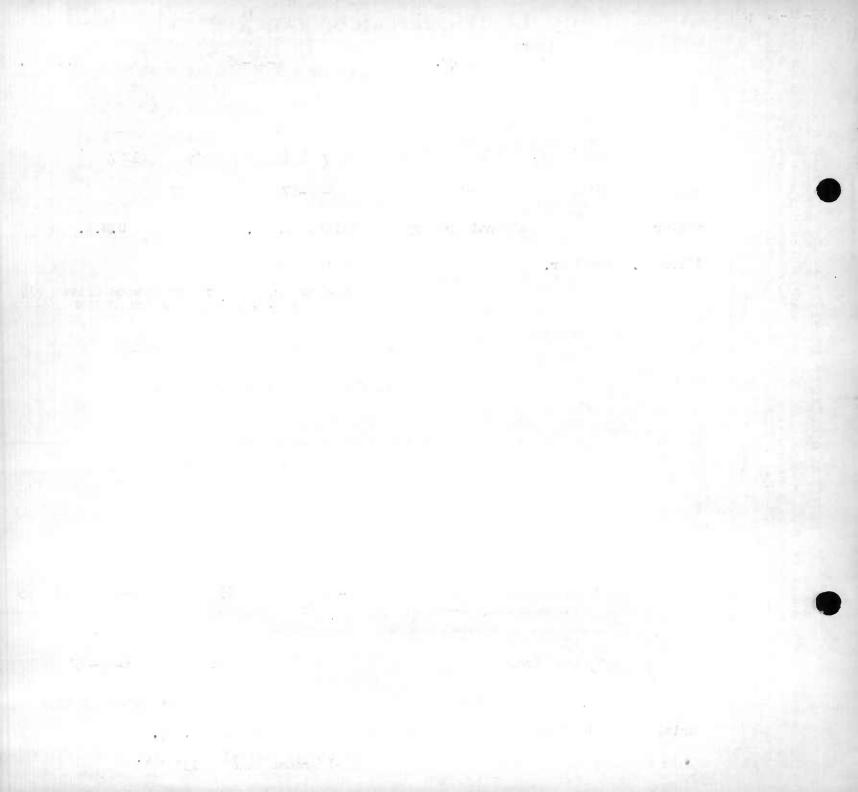
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IMPORTANT

FUNERAL DIRECTOR:

Registered No

The Mark State of the State of

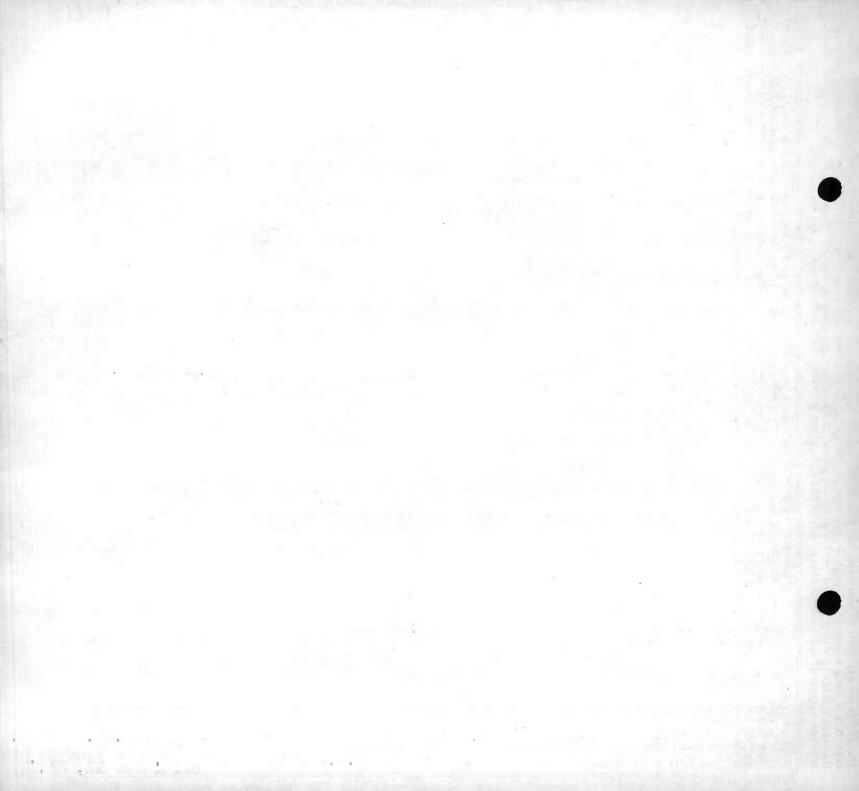


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IMPORTANT

FUNERAL DIRECTOR:

BIRTH NO. M.E. CASE NO. 1. NAME OF DECEASED (Type or Print) HALL, SILAS BALDWIN 3. PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF HOSPITAL OR INSTITUTION MARYLAND GENERAL HOSPITAL BALTIMORE 8. COUNTY C. CITY OR TOWN (If outside city limits, write RURAL and give township) BRITH NO. 6. 6441 CERTIFICATE OF DEATH 8. COUNTY 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before B. COUNTY C. CITY OR TOWN (If outside city limits, write RURAL and give township) BALTIMORE D. STREET ADDRESS (If rural, give locotion)	A. M
M.E. CASE NO. 1. NAME OF DECEASED (Type or Print) HALL, SILAS BALDWIN 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before B. COUNTY FULL NAME OF (If not in hospital or institution, give street oddress or location) (INSTITUTION MARYLAND GENERAL HOSPITAL BALTIMORE BALTIMORE	A. M
(Type or Print) HALL, SILAS BALDWIN 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before A. STATE B. COUNTY A. STATE MARYLAND C. CITY OR TOWN (If outside city limits, write RURAL and give township) B. ALTIMORE B. ALTIMORE	A. M
FULL NAME OF (If not in hospital or institution, give street oddress or location) INSTITUTION MARYLAND GENERAL HOSPITAL BALTIMORE	dmission)
FULL NAME OF (If not in hospital or institution, give street oddress or location) INSTITUTION MARYLAND GENERAL HOSPITAL BALTIMORE	odmission)
FULL NAME OF (If not in hospital or institution, give street oddress or location) INSTITUTION MARYLAND GENERAL HOSPITAL BALTIMORE WARRE OF (If not in hospital or institution, give street oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) BALTIMORE	
MARYLAND GENERAL HOSPITAL BALTIMORE	
MARYLAND GENERAL HOSPITAL BALTIMORE	
827 LINDEN AVE D. STREET ADDRESS (If rural, give location)	
OZI LINDEN AVE	
BALTO 1, MD 3/06 ABELL AVE	
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 1 WIDOWED, DIVORCED (specify) (as binhdoy) Manths; Doys Hours;	er 24 Hrs. Min.
$M = M = \frac{7}{19} \frac{192}{92} = \frac{72}{2}$	
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. /BIRTHPEACE (State or fareign country) 12. CITIZEN OF	
done during most of working life, even if retired) ST. OF M. J ONE MIRCY-	
RETIRED- MENT OFFICE MARYLAND U.S.A.	
3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
Maria 1001	
MONTICELLO HALL EMMA WHITE HOUSE 5. WOS Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS	
5. Was Deceased Ever in U. S. Armed Forces? Yes, no ar unknown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO.	
YES WWI 217-05-6172 MARYLAND GENERAL HOSP 827 LINE	C n
18. CAUSE OF DEATH	/FEN
ONSET AND D	HTA
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	
LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, osthenia, etc. Il means the disease, injury or complication which caused death.) ANTECEDENT CAUSES (B) COMPLETE HEART BLOCK DUE TO APPLETE HEART BLOCK ON PLETE	
heart failure, osthenio, etc. Il means the disease,	
injury or camplication which caused death.) Arthrogalen this we are	
ANTECEDENT CAUSES (B) / Company of the company of	
DISEASES OR CONDITIONS, if any, giving	
rise to the obove couse (A) stoting the (C)	
UNDERLYING CONDITION last.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
U 19A DATE OF OPERATION 1198, CONDITION FOR WHICH OPERATION 120A AUTORYZ (Yes or Noil 208, IE VEC WERE EINDINGS CONSIDERED	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
WI STANGED FOR WAS UNDER W	
OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Boltimore City, give exact location) contributing CAUSE OF	
OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR?	
21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURED 21F. HOW DID INJURY OCCUR?	
F OF INJURY	
(APPROX.)	
22. I certify that (1) (this hospital) attended the deceased fram. 6/9 19 65 to 6/20	65
	-
that (1) (we) last saw the deceased alive an 6/20 19.65 and that in (my) (aur) apinion death accurred an	the date
and haur and from the causes stated abave. (1) (We) (did) (dld nat) view the bady after death.	
23A, SIGNATURE 23B, DATE SIGNED	
M.D. Attending Med. Stoff (1931)	
lieto hostman Phys. Director Phys. 6/20/65	
23C. PHYSICIAM'S NAME (Type)	
23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS	
23C. PHYSICIAN'S NAME (Type) LASTRUCCI PIETRO M.D. MARYLAND CEN HOSP 24A. BURIAL CREMATION, 124B. DATE 124C. NAME of CEMETERY OF CREMATORY 124D. LOCATION (City, Joyan of Country)	(State)
23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS M.D. MARYLAND CEN HOSP 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county)	(State)
23C. PHYSICIAN'S NAME (Type) LASTRUCE: PIETRO M.D. MARYLAND GEN 40 SP 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county)	
23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS M.D. MARYLAND GEN HOSP 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) Burial 6/23/1965 Lorraine Park 25C. FUNERAL DIRECTOR ADDRESS 23D. ADDRESS	Md.
23C. PHYSICIAN'S NAME (Type) A STRUCE PIETRO M.D. MARGUANO GEN HOSP 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY Burial 6/23/1965 Lorraine Park Woodlawn, Balto Co. 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS	



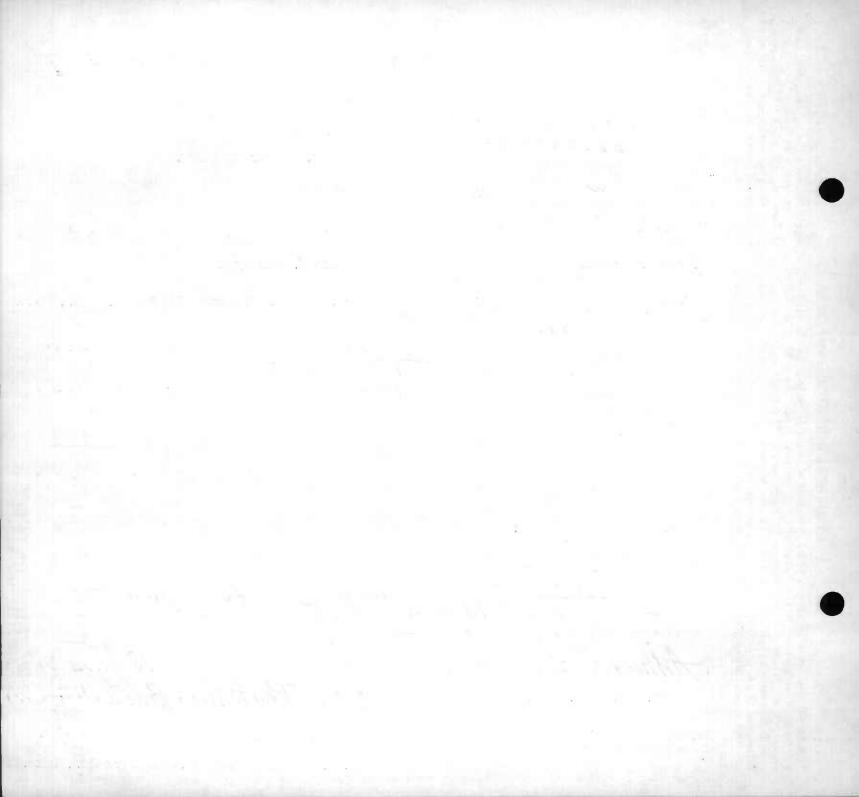
BALTIMORE CITY HEALTH DEPARTMENT

AMPRHOW LO BONGER

SESTIONE STAND TO

MARYLAND CALTIMORE CLICKECTLYM RD.

MALE WHITE MARKETER

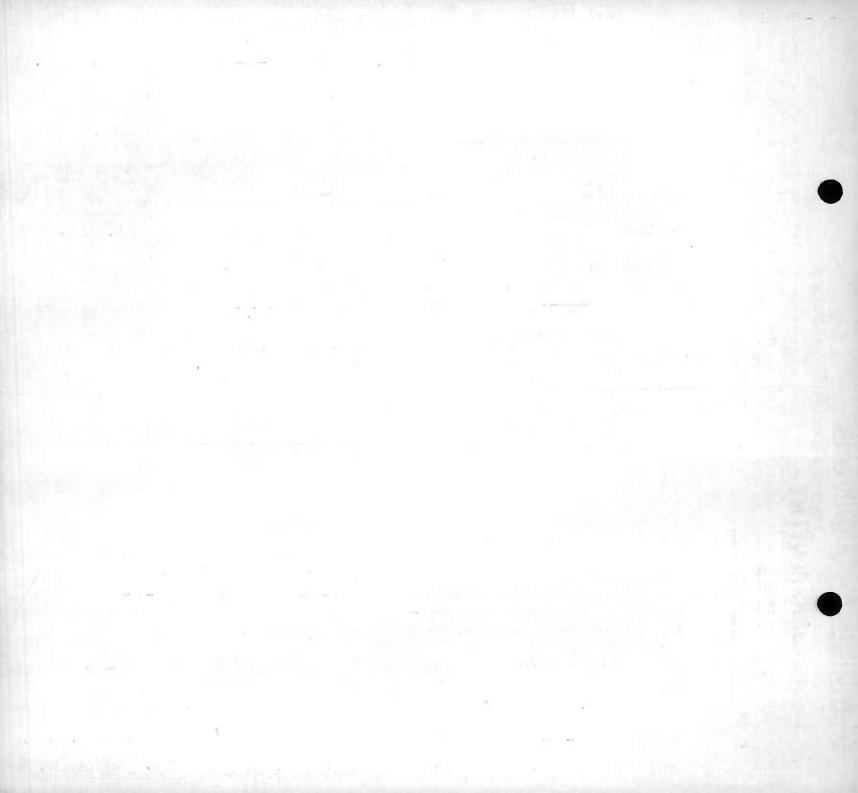


BALTIMORE CIT	Y HEALTH DEPARTMENT	65 6444
BIRTH NO. 65 6444 CERTIFICA	ATE OF DEATH Registered No.	- 0111
M.E. CASE NO. 1. NAME OF DECEASED	2. DATE AND HOUR OF GEATH	
1. NAME OF OEGEASED (Type or Print) Carrie Cleanux Diens:	-back June 16, 196	5 3 P
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived. If in A. STATE B. COUNTY	
FULL NAME OF (If not in hospital or institution, give street	and. Book	
HOSPITAL OR oddress or location) INSTITUTION	C, CITY OR TOWN (If outside city limits, write	RURAL and give township)
Win Menrid Hosp.	Towar.	53-00
I um meneral ix of	D. STREET ADORESS (If rurol, give locotion)	
	14 hirden 1 e	mace
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
T W M	2 (13/86 79	
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HSWF NONE	MD	1154
3. FATHERS NAME	14. MOTHER'S MAIDEN NAME	1 4.5.11.
11/11/11/11/11/11/11/11	HATTIE M. HAMMO	.1-
5. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT	ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	11 11/16	1
No.	UMH CHART	CITY
1030	OF DEATH	ONSET AND OFATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	arcenoma at lune	6 MONTHS
(This does not mean the made of dying, e.g., OUE TO	aucenoria of rung	O MIONITA
heart failure, asthenio, etc. It means the disease, injury ar camplication which coused death.)		
DISEASES OR CONDITIONS, if any, giving		
rise to the above cause (A) stating the (C)		
UNDERLYING CONDITION Iosi.		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
U 104 DATE OF CREATION TOP COMPUTED FOR WILLIAM CREATION	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
NONE WAS PERFORMED	IN CERTIFYING CA	USES OF OEATH?
OR CONTRIBUTING CAUSE OF	in or about 21 C. WHERE DID (If in Baltimor office bldg., INJURY OCCUR?	e City, give exact lacation)
DEATH (notify medical examiner) etc.)	-	
21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
OF INJURY (APPROX.) While At Not While At	ile	
22. I certify that (I) (this hospital) attended the deceased fram	1 /	4/1/2/2 LS
that (I) (we) last saw the deceased alive an	1//10/56	in death Could be designed to
		inian death occurred an the date
and haur and fram the causes stated abave. (I) (We) (did) (did nat)	view the bady after death.	DATE SIGNED
01/1/2/1/	tending Med. Staff	23B. DATE SIGNED
Clastel Deston	ys. Director Phys.	6/16/65
23C.PHTSCIANS NAME (Type)	23D. ADDRESS	11
A. LAIRD BRYSON M.D	UNION MEMORIAL	HOSPITAL
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of C	REMATORY 24D. LOCATION (C	ity, town, or county) (Stote)
BURIAI JUN. 21.1965 Parkingod Cen	netery Parkville, Me	ambud
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	250 FUNERAL DIRECTOR	ADDRESS
JUN 21 1905 R. O. & S. Ja. R. M.	John Bruns + S	ons 610-612 300le
	1 / 1 / 1 / 1 / 1	

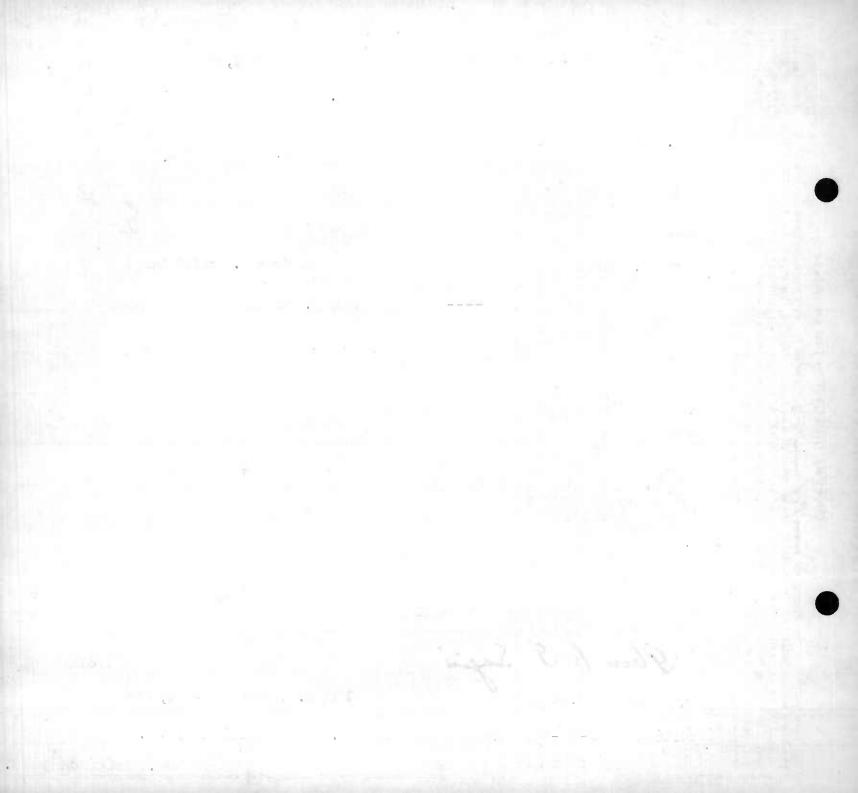
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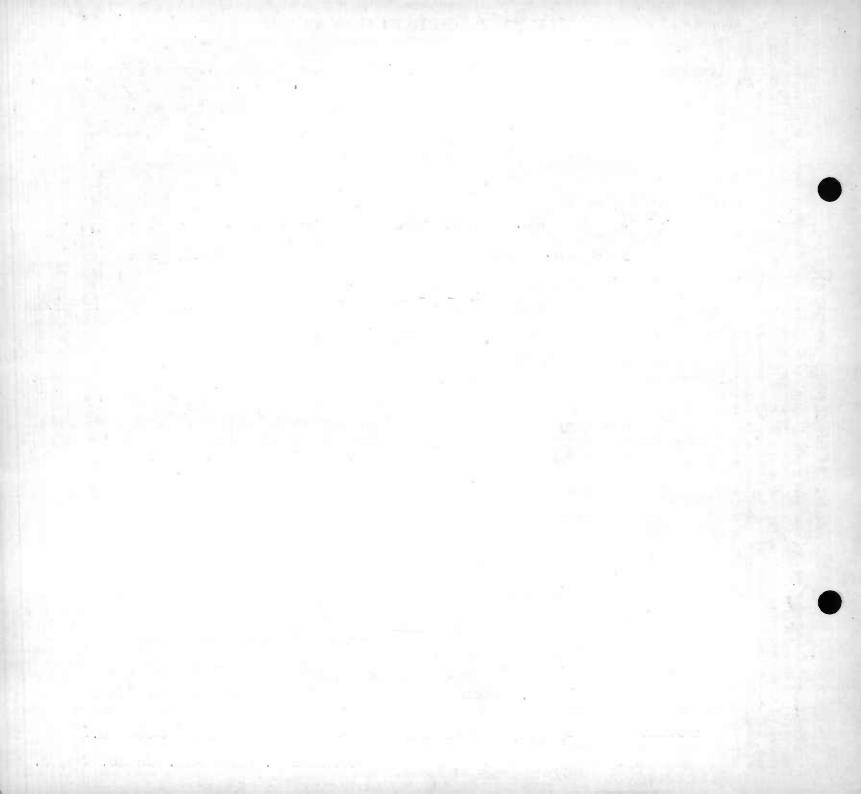
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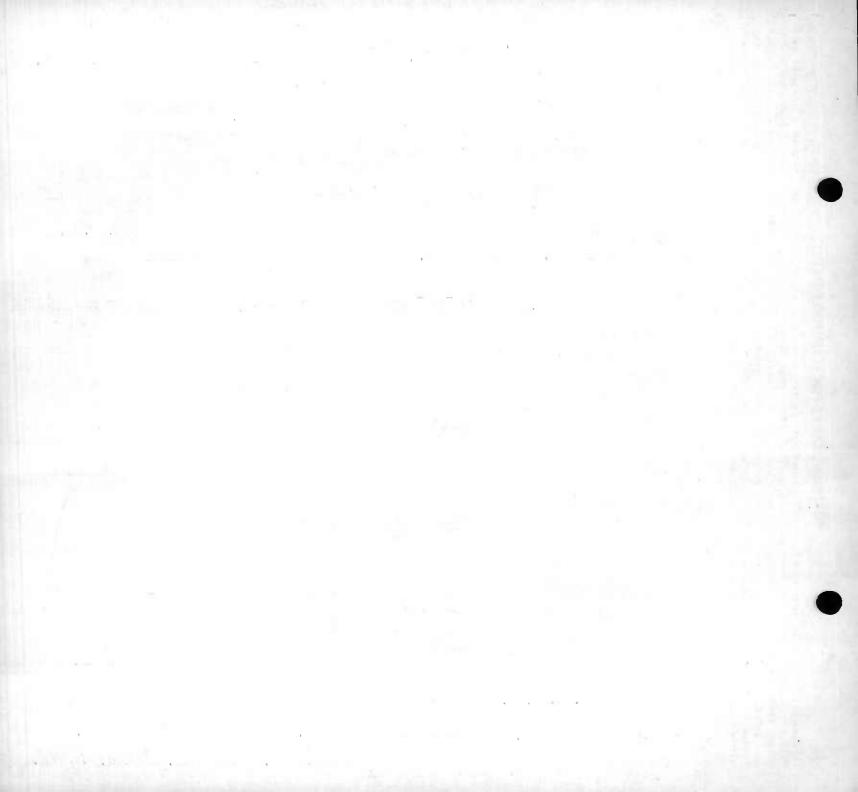
51-70 AM	BIRTH NO. 65 6445 BALTIMORE CITY HEALTH DEPARTMENT CEDITIFICATE OF DEATH Registered No. 65	65 6445
Such ased	M.E. CASE NO.	
-005	1. NAME OF DECEASED (Type or Print) Bertha Knapp (Bertha E. Knapp) 2. DATE AND HOUR OF DEATH 6-18-65	7:45 A. A
hospit Ise of (5) De lance death	3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Whoso doceosed lived, If institution, give street hospital or institution, give street oddross or location) 4. USUAL RESIDENCE (Whoso doceosed lived, If institution, give street oddross or location)	
lin a ng ca cause attentior to	Baltimore City Hospitals 4940 Eastern Avenue D. STREET ADDRESS (If rurol, give locotion)	ACE ONG give lownship?
F 3 0 5 5) Job Intibilati Court	If Under 1 Yr. , If Under 24 Hrs
eceased on is ma	Female White Widowed 6-9-94 71	Months Doys Hours Min.
aisposition	Retired Housework Maryland 13. FATHERS NAME	U. S. A.
	Ennest Schultz Donothea ?	
	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wer or dolos of service) No None 16. SOCIAL SECURITY NO. None RECORDS: B.C.H. 4940 Easte	address ern Avenue #2122
	18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY	INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH (A) Adenocarcinoma of Bowel with	1 Year
	heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)	
	ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if any, giving rise to the abave cause (A) stating the (C) UNDERLYING CONDITION last.	
THE FAIIIGINS		
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION NO 19B. CONDITION CAUSING C	IDINGS CONSIDERED LES OF DEATH?
	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR?	City, givo exoct locotion)
	21D. TIME (Manth) (Doy) (Yeer) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Not While At Work 21 Work	
	22. I certify that (I) (this haspital) attended the deceased fram 4-14- 19 65 to 6- that (I) (we) lost saw the deceased alive on 6-18- 19 65 and that in (my) (our) opinion	-18- 19 65
must b	ond hour and from the causes stated above. (I) (We) (did) (did nat) view the bady ofter death.	38. DATE SIGNED
	M.D. Attending Med. Stoff Phys.	6-18-65
200.44	Dr. Howard Rathbun 23C. PHYSICIAN'S NAME (Typo) Dr. Howard Rathbun 23D. Address M.D. 24940 Eastern Avenue	#21227
	24A, BURIAL CREMATION, 24B, DATE 24C. NAME of CEMETERY of CREMATORY 24D, LOCATION (City, REMOVAL (Specify)	town, or county) (Stoto)
written	Burial 6-22-65 Schwartz Cemetery 6/15 O'Donnell. 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR	St. Balto.24, Md. ADDRESS Conkling St.#24
written a	VS 150-REV. 1/1/65	· Conking St.#2

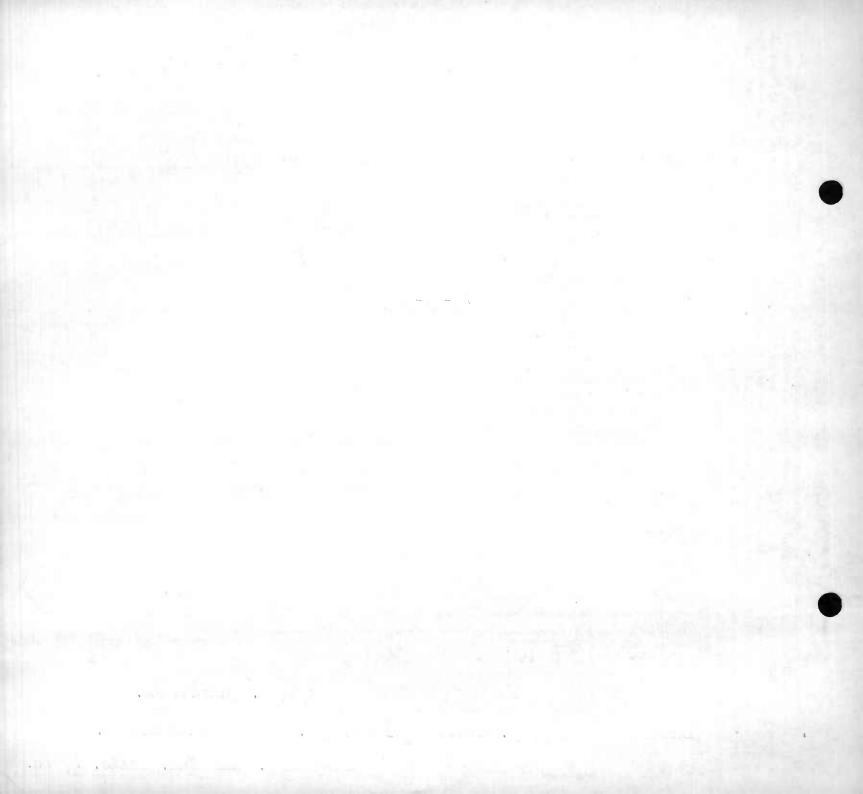


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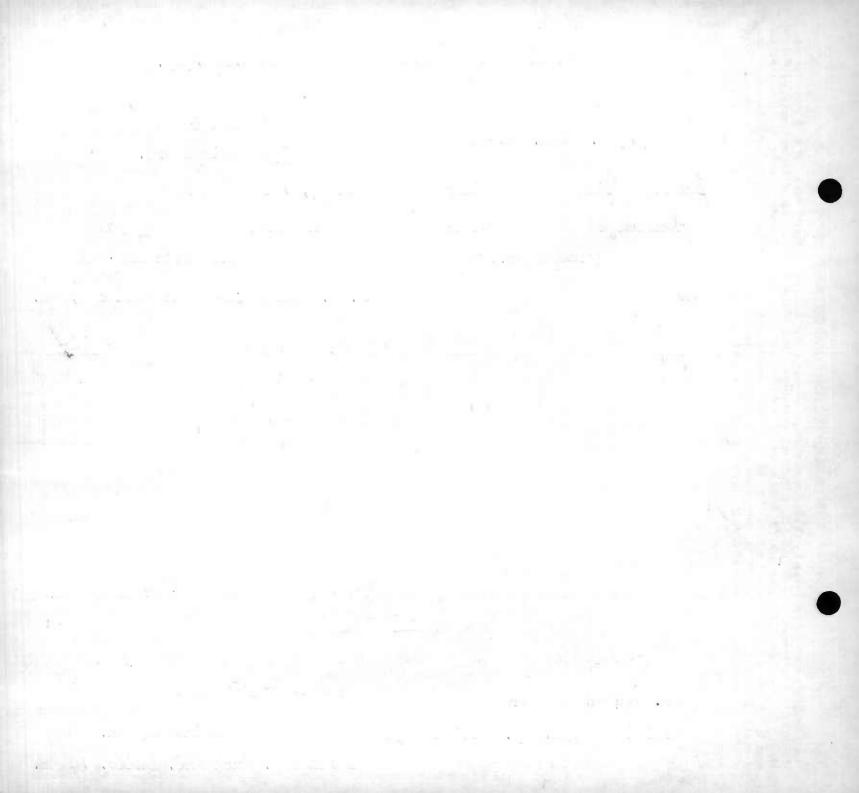


65 6450 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINED'S CEPTIFICATE OF DEATH BALLANDE 65 6450

BIRTH NO.	MED	ICAL EX	AMINER 5 CI	EKTIFICA	ALE OF I	JEAIN Regist	eted Ma	UFRIC
M.E. CASE NO.								100
1. NAME OF D		JARA M	ICNAMARA		2. DATE AN	6/18	B/65	4:05 p.
3. PLACE IN BA	LTIMORE, MARYLAND, W	HERE PRONOL	INCED DEAD	4. USUAL RES	SIDENCE (Where	deceosed lived. If in:	stitution: resi UNTY	dence befare admission)
FULL NAME OF		AL OR INSTITU	JTION, GIVE STREET	C CITY OR T	Marylan		- BUDAL -	1.5
HOSPITAL OR	ADDRESS OR LOCA	ATION)		C. CITT OK 1		e corporate limits, wri	TE KUKAL O	nd give township
0/				D STREET AT	Baltim DRESS (If rural,		0	1-00
	Maryland Gene	eral Hos	nitel					
5. SEX	6. RACE	7. MARRIED,	NEVER MARRIED		Alll Harf	10 1 - 0 1		r 1 Yr. If Under 24 Hrs.
femal	e white		DIVORCED (specify)	March	16. 190	9. AGE (In years last birthdoy)	Manths	Doys Hours Min.
IOA, USUAL OC	CUPATION (Give kind of wor				_ , _ ,		12. CITIZ	EN OF
	f warking life, even if retired)	Mai	dical	10	faryland	3	WHA	USA
SAC 13. FATHER'S NA	retary.	110.	alval		MAIDEN NAM			UDA
	Walter	C. Cui	rran			Kosalen	e Mar	tin
	SED EVER IN U.S. ARMEE		16. SO CIAL SECURITY NO.	17. INFORMAN	T	1 1 1 1 1 1 1	ADDRESS	5
No	you, give wor at date	a di servicei	213-28-383	2 Mrs.	Mary Ro	se Hoban	1372	Halstead
1B.	(2.2.1		CAUSE	OF DEATH				INTERVAL BETWEEN
DISE	ASE OR CONDITION DI							ONSET AND DEATH
UNDERLY	HE ABOVE CAUSE (A) S ING CONDITION LAST.	TAIING THE	(C)					
O THE	GNIFICANT CONDITIONS DEATH BUT NOT RE OR CONDITION CAUSING	LATED TO T			************************		·-····	
19A. DATE O	OF OPERATION 198, CON WAS PER		WHICH OPERATION	20A. AUTOP	SY? (Yes ar Na)	20B. IF YES, WERE F		
O UNDERLYING	AL CAUSE WAS GOR CONTRIB- USE OF DEATH.	21 B. home etc.)	PLACE OF INJURY (e.g., form, foctory, street, o	ffice bldg., INJL	WHERE DID	If in Baltimare City, (pive exact la	ocation)
21D TIME OF INJURY (APPROX.)	(Month) (Day) (Yea	v	VHILE AT NOT YORK AT W	WHILE	HOW DID INJU	IRY OCCUR?		
22. I ce	ertify that I held an 1	nquiry 🗌	Inspection X Aut	apsy 🗌 🤇	and that an thi	s basis, death In	my apinia	n
1	ulted fram: Natural ca		ccident Suicide			Indetermined mant		
			1 1-		MEDICAL EX			
SIGNA		en u	1. 5 25 (WD		MEDICAL EX			DATE SIGNED
EXAM	NER'S (Type)	ner II S	Spitz, M.D.	ASSOCIATE	MEDICAL EX	(AMINER X	6/19/	65
23A. BURIAL CI	REMATION, 23B. DATE	230	C. NAME of CEMETERY o	CREMATORY	23D. L	OCATION (Cit	, tawn, ar	county) (State)
REMOVAL (Spec	al 6/2	2/65.	Holy Redeem	er Ceme	tery	Baltime	ore, 1	Md.
24A. DATE REC'	D BY HEALTH DEPT.	-	OF REGISTRAR		ERAL DIRECTOR			ADDRESS
JUN 2	1 1965 Robert	5 E. Fa	Dec H.M.	Leon	na rd J.	Ruck Inc	Ba	lto. 14 Md
VS 151-REV. 1/	1/65	- G /c		(100 PM	E7 25			

Isolonia Premysni narwho . Telfel 1213-2-3332 Hrs. hary Rose Hobers 1372 Belarent KATHA IN LY ALL IN COURT HIS WIRE CO. LONG AND AND AND Total (Assets Total Redenant Corntery (ASA) Interior in Lacture of the Contract of the ended

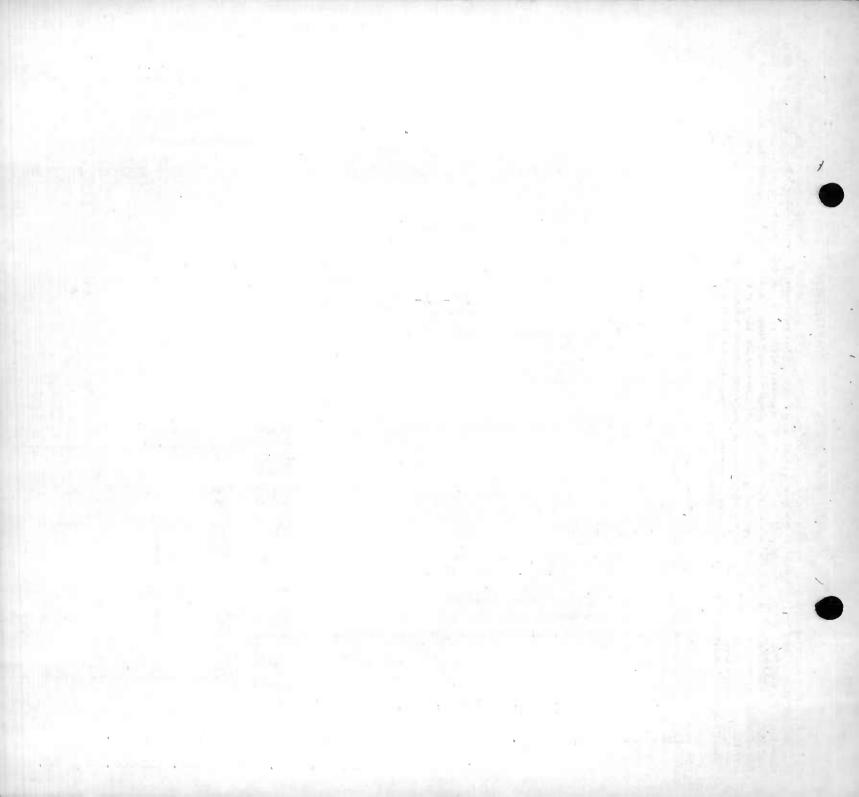
		51	CERTIFICA	TE OF DEATH	Registered Na.	65 6451
1, N	. CASE NO. AME OF DECEASED e or Print)	rttie Sue	2 Johnson	June	18, 1965	• ^
F	OSPITAL OR oddress or lo	spital or institution, gr	ve street	A. STATE Md. B. COUN	e deceosed lived. If in TY	stitution: residence before odmission
0	714 W. 30	oth. Street	et	D. STREET ADDRESS (If r	Baltimor ural, give locotion) Bridge A	e 63-00
5. \$	Female White	WIDOWED	NEVER MARRIED "DIYORCED (specify) Laow	B. DATE OF BIRTH	ost birthday)	If Under 1 Yr. If Under 24 Hrs Months; Doys Hours Min.
done	USUAL OCCUPATION (Give kind of during most of working life, even if relative to the Housewife	ired)	BUSINESS OR INDUSTRY 2 Home	11. BIRTHPLACE (Stole or foreign		12. CITIZEN OF WHAT COUNTRY?
		ige Sullii		14. MOTHER'S MAIDEN NAM		h Bankert
15. V (Yes	Was Deceased Ever in U. S. Arme ,ng grunknawn) (If yes, give war a	ed Forces? r dotes of service)	SECURITY NO.	Mr. D. Sylvan	Friedman	Balto 2, Md.
	DISEASE OR CONDITION LEADING TO DE (This daes not mean the mad heart foilure, asthenia, etc. It injury or complication which co	ATH le of dying, e.g., neans the disease,	CAUSE O	Conary Thromby rulezed ordere ebro-rescular	sis .	INTERVAL BETWEEN ONSET AND DEATH SUDDE
	ANTECEDENT CA DISEASES OR CONDITIONS, rise la the obove cause UNDERLYING CONDITION las	if any, giving (A) stating the	DUE TO	ebro-Voscular	accelony	2 43516
CATION	OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT DISEASE OR CONDITION CAUS	RELATED TO THE		20A. AUTOPSY? (Yes or No)	20B. IF YES. WERE	FINDINGS CONSIDERED
L CERTIF				n ar about 21C. WHERE DID INJURY OCCUR?	IN CERTIFYING CA	USES OF DEATH?
0	21D. TIME (Month) (Day) (OF INJURY (APPROX.)	Yeor) (Hour) 21E. While Work		21F. HOW DID INJU	JRY OCCUR?	
	22. I certify that (I) (this hos that (I) (we) last saw the dec and haur and fram the causes	eased alive an	June 9	6 1965 and the	965 ta	filme 18 19 65 nian death accurred an the day
	23A. SIGNATURE ROUBER	Avien abave. (1)			Stoff Phys.	23B. DATE SIGNED JUNE 19, 1965
	23C. PHYSICIAN'S NAME (Type) Dr. Reuben H. BURIAL CREMATION, [248, DA)		M.D.	23D. ADDRESS \$46 CU. 36	72 St	
	REMOVAL (Specify) Durial Date REC'D BY HEALTH DEPT.		Kriders Cem			er, Md. Balto. 14 Md.
	JUN 21 1965 0	3. 1-8. 30.	0	Leonard J. 1	Ruck Inc.	Balto. 14 Md.



IMPORTANT

DIRECTOR:

FUNERAL

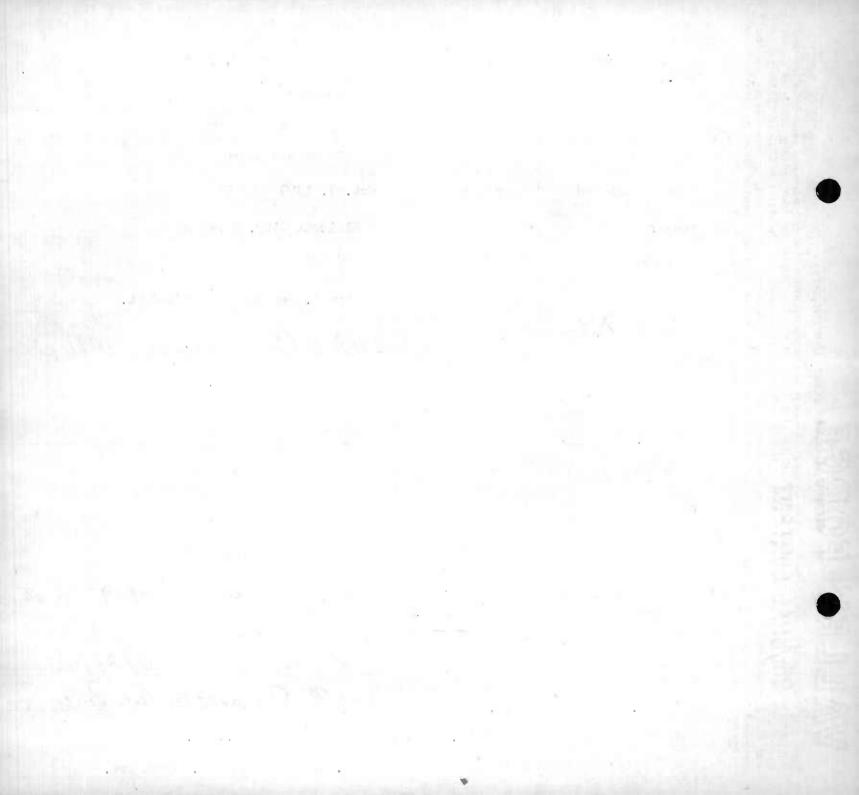


_	m]	65 6453 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH	5 CAEO
1-2	DEP 04	CERTIFICATE OF DEATH	J 0433
	pital and of death Deceased on the ath. Such	M.E. CASE NO. 1. NAME OF DECEASED (Type or Print) 2. DATE AND HOUR OF DEATH (Type or Print)	500 Am.
	5 0 0	3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceosed lived, If institution A. STATE B. COUNTY FULL NAME OF (If not in hospital or institution, give street)	n: residence before odmission)
	cau Se; end to	HOSPITAL OR oddiess of locotion) C. CITY OR TOWN (If outside city limits, write RURAL HATTIMORE #4	ond give township)
	D.= L .	602 HAMPTON	ANE
	contribut contribut etermined n regular sceased p	WIDOWED, DIVORCED (specify) (5./1896 lost birthdoy) 69 Mon	Inder 1 Yr. If Under 24 His. Hous Min.
	death for country Undete	done during most of working life, even if retired) Own Home BACTIMORE, MO.	WHAT COUNTRY?
5	rec (4)	HARLES A. ROSSING ATHERINE TREE	
ORTAN	ssistant the dir kind; death ince on final di	15. Wos Deceased Ever in U. S. Armed Foices? (Yes, no Arunknown) (Il yes, give woi or dotes of service) None 16. SOCIAL SECURITY NO. None 17. INFORMANT Wrs. Chas. B. Kelly Sr.	(Same)
IMPO	his as lso, if of any unced tenda	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH CAUSE OF DEATH CAUSE OF DEATH CAUSE OF DEATH (A) CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
J.	er. Alcture prono lar at	(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES (B) CARRED DUODEN UM	Yes
RECTOR:	exar exam 3) A f who	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the (C) UNDERLYING CONDITION lost.	
AL DI	ief medical el medical el dy burns; (3 el physician cian was in the remains		
NER	P S S	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDIN IN CERTIFYING CAUSES (Control of the control	IGS CONSIDERED OF DEATH?
	tal by s; (2) B here the No phy before	OR CONTRIBUTING CAUSE OF DEATH (notify medical examine) 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, home, lorm, factory, street, office bldg., INJURY OCCUR?	give exoct location)
	hospit nature cept wh d (6) N ained b	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) While At Not While At Work	1
20	o the o the land land land land land land land land	22. I certify that W(this hospital) attended the deceased from 5/21 19 5 to that W(we) last sow the deceased alive on 6 18 19 65 and that in(w) (aur) apinion of	death accurred an the date
	st be dissed the control of contr	and have and from the causes stated above. (1) (We) (did) (did net) view the bady after death.	DAYÉ SIGNED
	accid accid r a ho or to o	23C. MYSICIANS 23C. MYSICIANS 23D. ADDISSS	18/45
\	y was y was (1) An O.A. at d prio	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, 10W)	rn, or county) (Stote)
7	This cert the body shows: (was D.O decease	Burial 6/21/65. Parkwood Cemetery Baltimore 1 25A, DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGISTRAR 25C, FUNERAL DIRECTOR	222800 A
r =	the show was dece	VS 150-REV. 1/1/65 Leonard J. Rack Inc. Ba	lto. 14 Md.

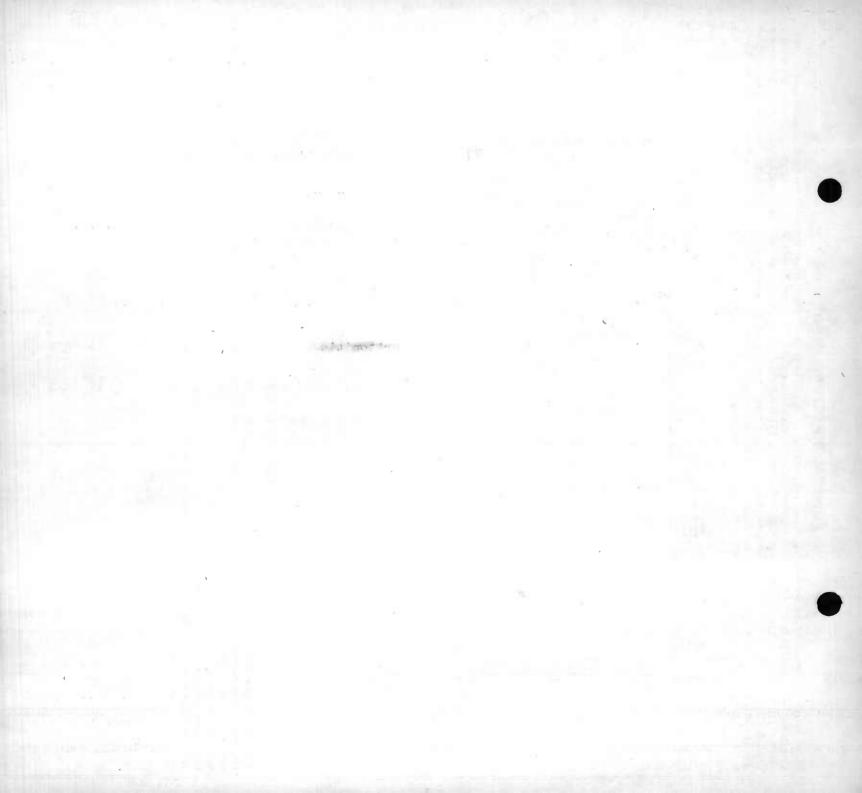
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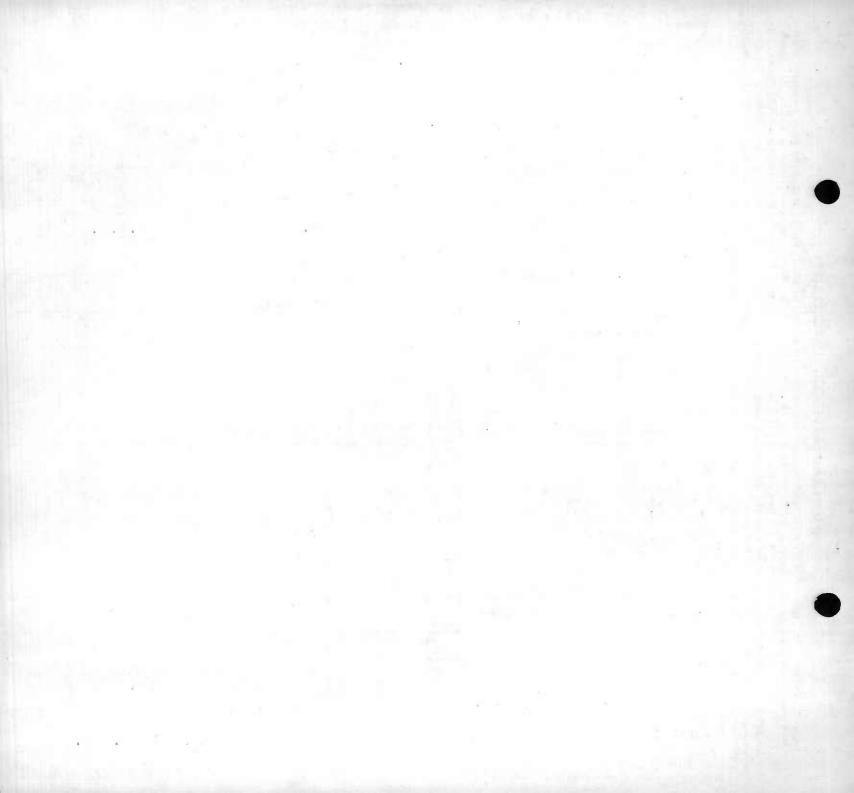
-	E CASE NO.	TALLE	ICAL LA	KAMINER'S C	EKTIFICAT	L OI DLA			
1. (Ťy	NAME OF DEC	EASED			DE E	2. DATE AND HOUR	PRONOUNCED	DEAD	
			EONARD	E. WHITE		6/19/	~_		5 a. M.
3.	PLACE IN BALTI	MORE, MARYLAND, V	WHERE PRONO	UNCED DEAD	A. STATE	ENCE (Where decease	d lived. If instituti	ion: residence ry	before odmission)
HC	LL NAME OF	(IF NOT IN HOSPI ADDRESS OR LOC		UTION, GIVE STREET	C. CITY OR TOV	yland N (If outside corpord timore	te limits, write RU	URAL ond give	ve township)
41						ESS (If rurol, give loc	cotion)		
1		St. Joseph 1	Hospital		170	2 N. Broady	vev		
5.		6. RACE	7. MARRIED,	NEVER MARRIED DIVORCED (specify)	June 24,	9. A	GE (In years)f Under 1 Yr Months Doys)f Under 24 Hrs. Hours Min.
dor	. USUAL OCCU			F BUSINESS OR INDUSTR		State or foreign country		2. CITIZEN O	
	FATHER'S NAM	E			14. MOTHER'S M.				
					Bertha W	hite			
		EVER IN U.S. ARME		16. SOCIAL	17. INFORMANT		A	DDRESS	
	Yes	(If yes, give wor or do	tes of service)	285-28-5724	Bertha S	takes 1702	N. Broad	d	
	18.	Korean			E OF DEATH	tokes 1702	. N. Droat		RVAL BETWEEN
11	injury or com	ot mean the mode of osthenio, etc. It mean application which coused	deoth.	xxxx i	ossibly as		ton chron	ic	
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L CERTIFICAT	OTHER SIGN TO THE UNDERLYIN OTHER SIGN TO THE UDISEASE OR 19A. DATE OF UNDERLYING UNING CAUS 21D TIME OF INJURY (APPROX.)	NTECENDENT CAUS PR CONDITIONS, IF ABOVE CAUSE (A) G CONDITION LAST. II IIIFICANT CONDITION DEATH BUT NOT R CONDITION CAUSIN OPERATION 19-B. CO WAS PE CAUSE WAS OR CONTRIB- SE OF DEATH.	SES ANY, GIVING STATING THE SCONTRIBUTI ELATED TO 1 G IT. NDITION FOR RFORMED 218. home etc.)	(B)	20A. AUTOPSY no in or obout 21C. W	Yes or No) 208, IF	YES, WERE FIND TEYING CAUSES timore City, give	INGS CONSI	
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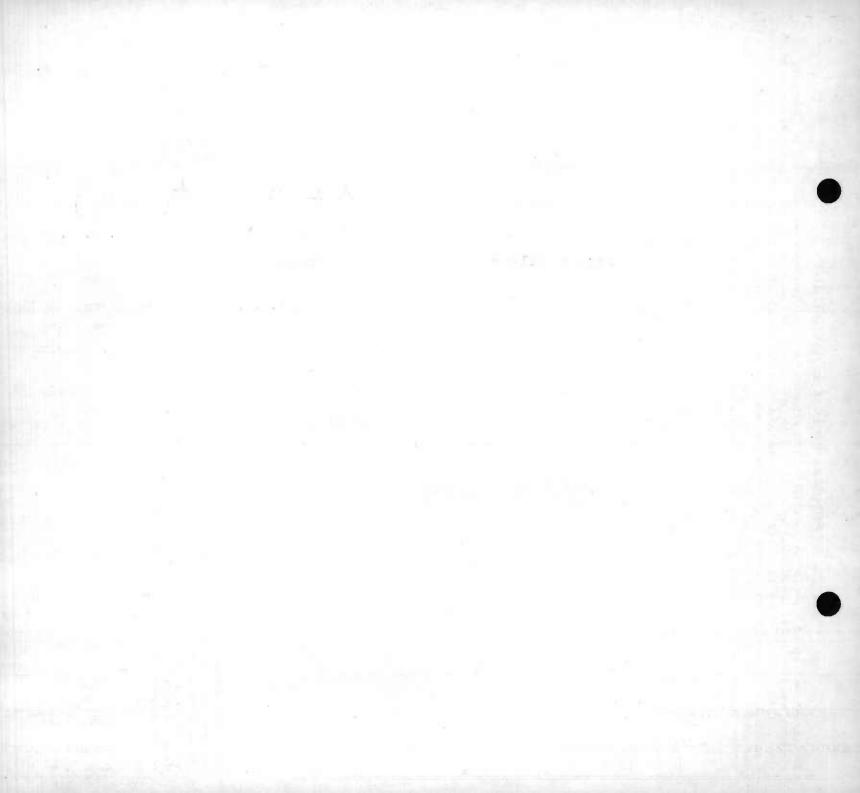
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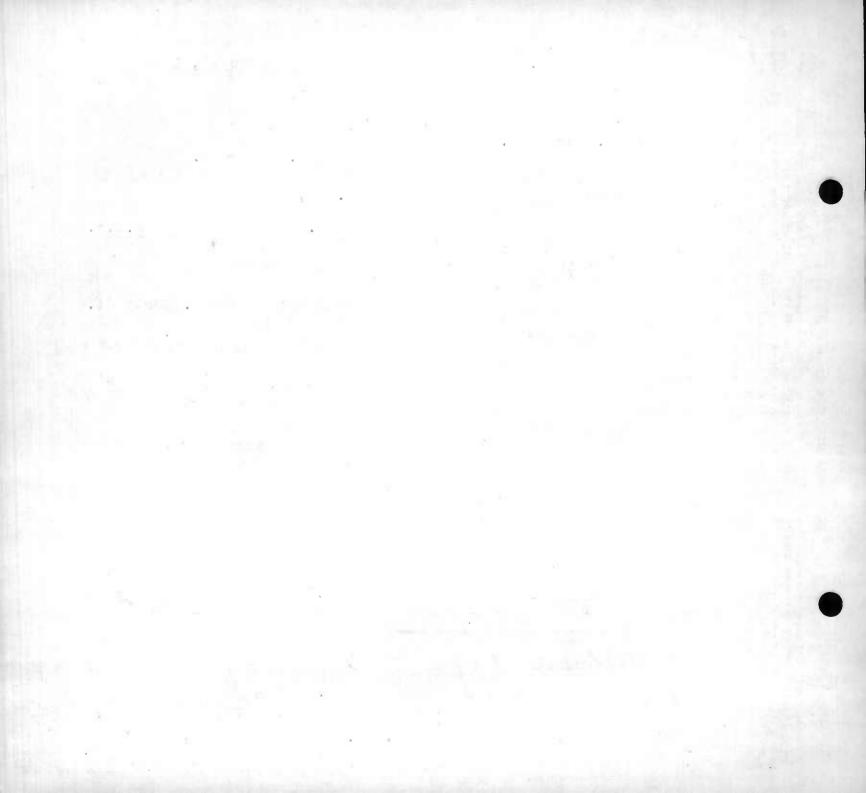
BALTIMORE CITY HEALTH DEPARTMENT



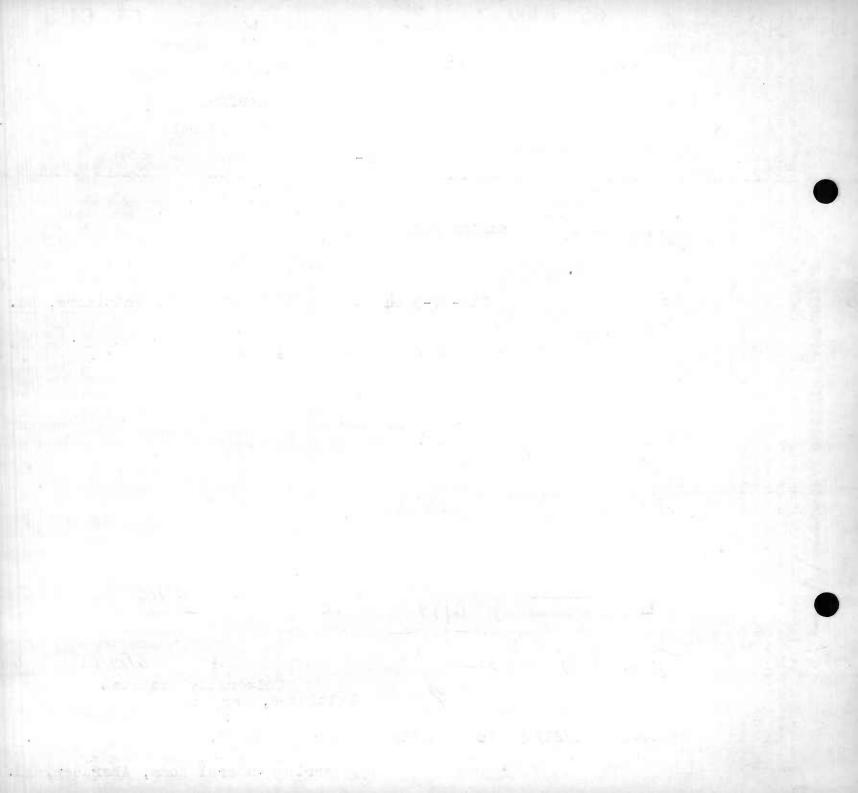




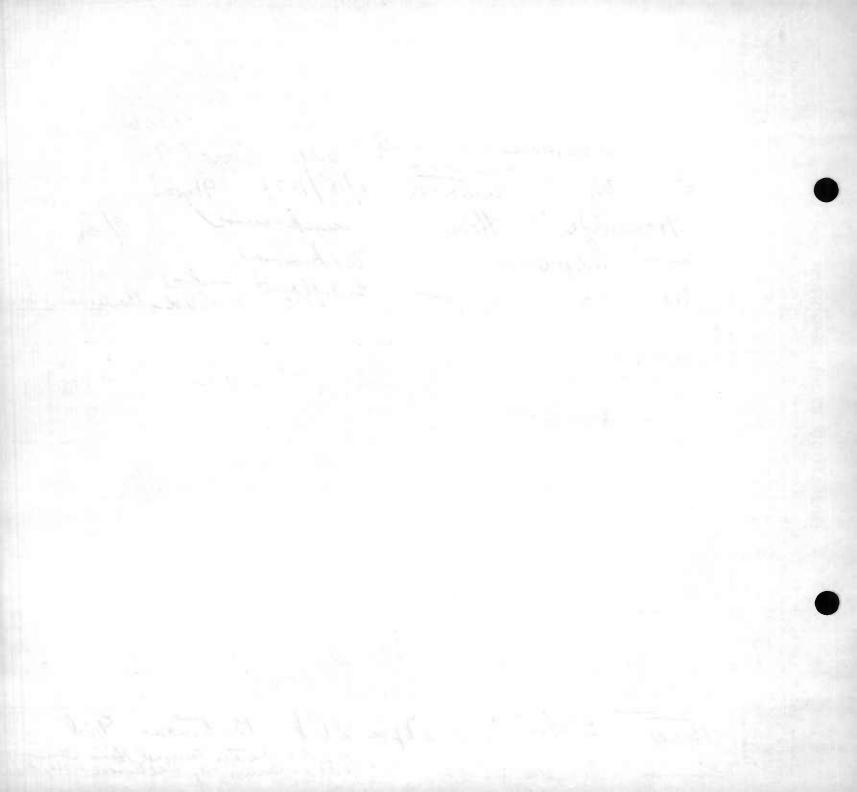
	AME OF DEC	EASED		11-11-11		AND HOUR OF DEAT	
	e or Print)	Bertha E	. Masor	1		June 18. 1	965 institution: residence before odmi
F	ULL NAME O	ATH IN BALTIMORE, MAI	RYLAND or institution, give		Maryland	l	16-01
	NOITUTITZN	09 N. Carey			Baltimor		e RURAL ond give township)
					909 N. C	arey St.	
	emale	Negro	Marrie	DIVORCED (specify)	8. DATE OF BIRTH Feb. 27. 19	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 2: Months Doys Hours A
		working life, even if retired)		3011(E33) OK 11100311	Md.	lotergii coomiy,	WHAT COUNTRY?
13.	FATHER'S NAM	AE			14. MOTHER'S MAIDEN	NAME	
	Joh	n Sorrell			Lucy Ma	dden	
15. Yes	Was Deceased	Ever in U. S. Armed Ford (If yes, give wor or date:	ces? s of service)	SECURITY NO.	17. INFORMANT	adon .	ADDRESS
	No				Frank Maso	n 909 N.	
	1B. 26	OXI		CAUSE	OF DEATH		INTERVAL BETWEEN
	(This daes n heorl foilure,	SE OR CONDITION DIR LEADING TO DEATH at mean the made of asthenia, etc. It means aplication which caused	dying, e.g., The diseose,	(A) DI	ABETES .	MELLIT	US 13 YRS
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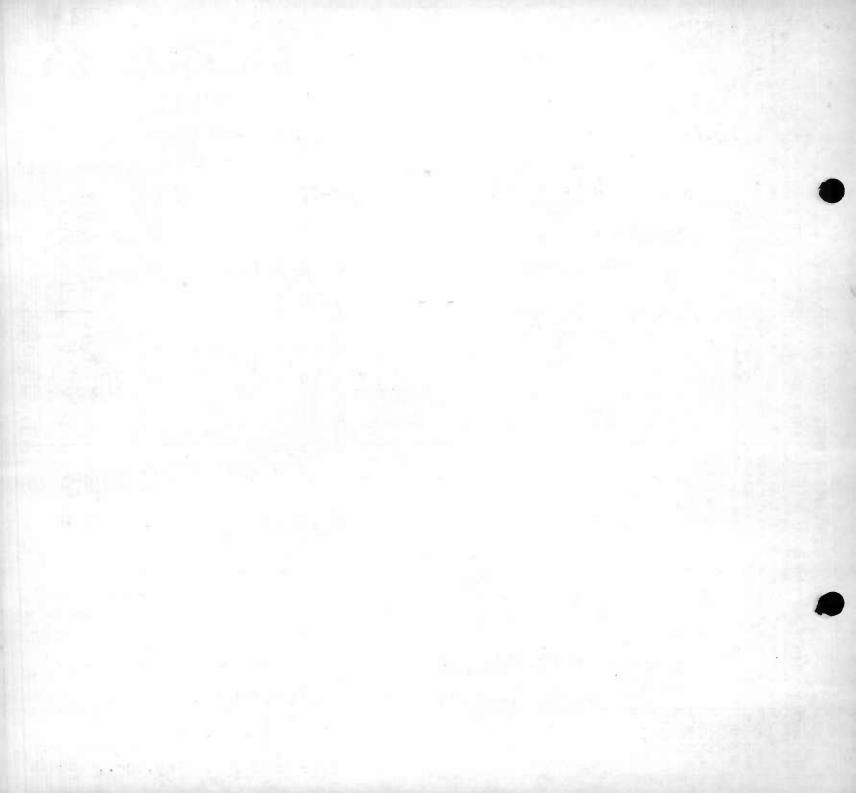


1111	65 6460 BALTIMORE CITY HEALTH DEPARTMENT	CE CACO
-100	BIRTH NO. CERTIFICATE OF DEATH Registered No.	. 65 6460
and eath ase the	M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR OF DEAT	H
pital an of deat Decease e on th	(Type or Print)	8 30 0
the bota	3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Whore decoosed lived. II	institution; rosidence before admission)
S 0 0	A. STATE B. COUNTY	
hos use (5)	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddross or location) HAPPORT (If not in hospital or institution, give street oddross or location) C. CITY OR TOWN (If outside city limits, writh the control of the city limits, writh the city limits and city limits, writh the city limits and city limits.	te RURAL and give township)
in a horning cause cause; (5) attendan	INSTITUTION (Rural	
ng cau	D CTORET ADDRESS Illi gual give le aligne	6
T.= _ L .	UNIVERSITY HOSPITM BOX-622 MAGNOLIA	ROAD
F 5 6 6 6	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.
occur ontrib ermir regul	MALE WHITE MARRIED 9-17-14 lost birthdoy!	Months Doys Hours Min,
	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)	12. CITIZEN OF
dete dete in on	done during most of working life, even if retired)	WHAT COUNTRY?
ded t or Unc as e d	Machine Shop Uncome	USA
direct or (4) Und h was in the disposition		
4 = 6 = 6 = 6 = 6 = 6 = 6 = 6 = 6 = 6 =	OPTIM TSALLS TRENOPI'S MEDER	
- S = C	10. Was Deceased Ever in U. S. Armed Foices! (Yes, no or unknown)[If yes, give wor or dotes of sorvice) SECURITY NO.	ADDRESS
the kin de nce	No 219-07-3565 hospital Chart	Baltimore, Md.
- 200,	18. 44 CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
end d o	DISEASE OR CONDITION DIRECTLY	ONSEL AND DEATH
att	LEADING TO DEATH (A) Mycarelial Infant	
prono lar at balm	heart failure, asthenia, etc. 11 means the disease,	
a a a a a a a a a a a a a a a a a a a	injuly of complication which caused death.)	
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9	DISEASE OR CONDITION CAUSING IT.	
physician fore the re	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED Sympolicity 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WER IN CERTIFYING CO.	E FINDINGS CONSIDERED CAUSES OF DEATH?
T'e	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (o.g., in or obout 21C. WHERE DID (If in Bo)time	nore City, give exect location)
	218. PLACE OF INJURY (o.g., in or obout 21C. WHERE DID (If in Bo)tim OR CONTRIBUTING CAUSE OF homo, form, foctory, stroot, office bldg., INJURY OCCUR?	Sity, give experiencement
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ned	O 21D. TIME (Month) (Doy) (Your) (Hour) 21E. INJURY OCCURED 21F. HOW DID INJURY OCCUR? While At Not While	
a	(APPROX.)	
obtaine	22. I certify that (I) (this hospital) attended the deceased from 63 1967 to 6	119 9 ,
0	that (1) (we) lost saw the deceased alive on 619 and that in (my) (out) o	pinion deoth occurred on the date
eath) ust b	and haur and from the causes stated above. (1) (#e) (did) (did-net) view the body after death.	
dea	23A. SIGNATURE	23B. DATE SIGNED
-	Tolerand (Yerran M.D. Attending Med. Stoff Phys. Director Phys. Stoff	6/19/86
0	OCC BUILDING	
prov		ospital
approv	Datormore, maryrand	(City, town, or county) (State)
	REMOVAL (Spocify)	
written	Removal 6/21/65 Boyd Family Cemetery Stuart,	Va.
VI.	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. PUNERAL SIRECTOR	ADDRESS
\$	JUN 22 1965 R. O. H. E. Falley M.A. Tarring Funeral Ho	me, Aberdeen, Md.
	VS 150-REV. 1/1/65	



T	22		BALTIMORE CITY HEALTH DEPARTMENT	
-5	20 0 4		H NO. CASE NO. 65 6461 CERTIFICATE OF DEATH Registered No.	5-6461
	death death ceased on the	1.N (Typ	ame of Deceased 2. Date and Hour of Death 2. Date and Hour of Death 6 or Print	м.
		3. F	LACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceosed lived, If institute A. STATE B. COUNTY	tion: residence before odmission)
	hospir use of (5) De dance death		ULL NAME OF (If not in hospital or institution, give street)	0-1-39
	Se;	0	ISTITUTION 6210 - Everall ave Baltimore 2/20	
	ting d cau r att prior	1	OSPITAL OR ODDITION ODDITA ODDITION ODD	2
	- 300 0	5. S	EX 6. RACE 7. MARRISD NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years I If	Under 1 Yr., If Under 24 Hrs.
	occur ontrib ermin regul eased is ma		J W. Widowed 2/15/1874 lost birthday years	onths Doys Hours Min,
			during may at working life even il retired)	WHAT COUNTRY?
-	de d	13.	ATHERS NAME 14. MOTHERS, MAIDEN NAME	4:34
_ :	h (4)		- Mlynaric Unknown	
8	- 0 H 0 -	15. Yes	Vas Deceased Ever in U. S. Almed Forces? Indoor, unknown) (If yes, give wor or dotos of service) 16. SOCIAL SECURITY NO.	ADDRESS MA
	the the kin dec nnce		No No - 1. J. Revised ave -	Ballemore 2120
MPORTAN	an) ced nda		CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
₹ :	Also e of noun atte		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Kurplandle Vefaurifium	6 hours
•			(This does not mean the mode of dying, e.g., DUE TO U heart foilure, asthenia, etc. It means the disease,	A \$40,000 000 000 000 000 000 000 0000 00
CTOR	E 0 5 E		heart failure, asthenia, etc. It means the disease, injury ar complication which coused death.) ANTECEDENT CAUSES (B) Culturoscleratic Hilland Description	30 years
5	A fr A fr A ho reg		DISEASES OR CONDITIONS, if any, giving	
RE.	(3) ex		rise to the abave cause (A) stating the (C)	**************************************
Δ.	dical dical rrns; rsicia was main	7	Para de la companya del companya de la companya de la companya del companya de la companya del la companya del la companya de	
× ×	phy:	ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
FUNER	a nody he he sicie	ERTIFIC,	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINE IN CERTIFYING CAUSE	DINGS CONSIDERED S OF DEATH?
5	re the phy fore	CERI	21 B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID (If in Boltimore Ci homo, form, foctory, stroot, office bldg., INJURY OCCUR?	ty, give exect fecetion)
	tal be; (2) here	CAL	OR CONTRIBUTING CAUSE OF homo, form, foctory, stroot, office bldg., INJURY OCCUR?	
	ospi ospi ature pt w (6) n	EDI	21D. TIME (Month) (Doy) (Yoor) (Hour) 21E, INJURY OCCURRED 21F, HOW DID INJURY OCCUR?	
	0 5 0 0	×	(APPROX.) While At Work At Work	
	prov the lany n and obta		/	esse 18 1964.
	of a of a l (h);		that (I) (we) lost saw the deceased alive an track 18 19 65 and that in (my) (own) opinion	n death accurred on the date
-	dent dent deatl	100	ond hour ond from the couses stated above. (1) (Wet) (d1d) (didset) view the body after death. 23A. SIGNATURE	B. DATE SIGNED
	elea ccide a hos to d	-	Gaven Saves M.D. Attending Mod. Director Stoff Phys.	June 21, 1965
	0 - 0 >		23C. PHYSICIAN'S NAME (Typo) 23D. ADDRESS	
:	y was r y was r (1) An a).A. at d prior	211	ADAM 6. SWISS M.D. 6732 Believe Load, Pal	eo.b, led
	E # 0 8 _	24A	BURIAL OFFICIAL (Specify) 248. DATE 24C. NAME of CEMETERY of CREMATORY P 24D. LOCATION (City, 1)	lown, or county) (State)
		25A	CULLAGE COD BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR -	A I ADDRESS
,	the show was dece	1	IIN 22 1965 R. O. B. G. Fallens Earl B. Woherlow Funeral	Temore 21206, md
		VS	50-REV, 1/1/65	





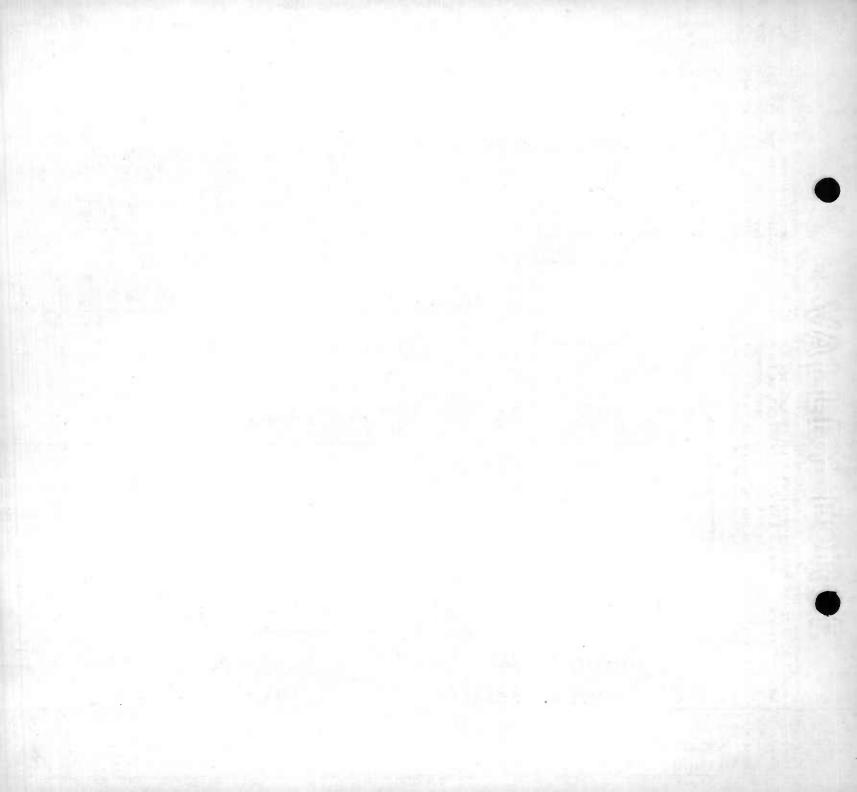
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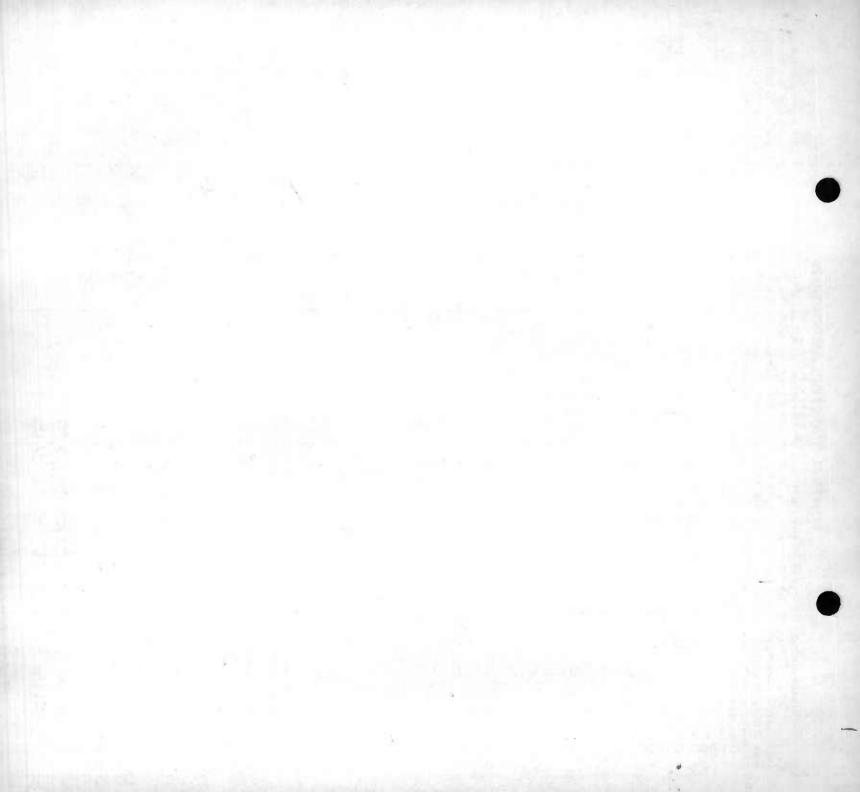
	BALTIMORE CIT	Y HEALTH DEPARTMENT	1/		
BIRTH NO. 65	464 CERTIFICA	ATE OF DEATH	Registered Na.	65 6464	
M.E. CASE NO.	8 1 2	2. DATE AI	NO HOUR OF DEATH	- 639	
Type or Print) Ball, Di	prothy H.	18	Juno	65 8 A	
3. PLACE OF DEATH IN BALTIMORE, MARY	LAND	A. STATE B. COU	re deceased lived. If i	nstitution: residence before admissio	
FULL NAME OF (If not in haspital or	institution, give street	Marylan	-0	Dalle	
HOSPITAL OR address or lacotion) INSTITUTION		1 7		RURAL and give township)	
Moutabello Stod	- Hospital	D. STREET ADDRESS (III	rural, give lacation)	75	
Monte seno 2000	8 respired	1420 N.	Rollin	ARd.	
5. SEX 6. RACE 7.	MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 H Months: Days Hours Min,	
1- 00	Marrisd	9/12/25	39		
tOA, USUAL OCCUPATION (Give kind of work 10 done during most of working life, even if retired)	B. KIND OF BUSINESS OR INDUSTR			12. CITIZEN OF WHAT COUNTRY?	
houseunde		Baltin	ore	U.S.	
3. FATHER'S NAME		14. MOTHER'S MAIDEN NA			
Charles Hah	M	Ed: th	mitchi	3	
5. Was Deceased Ever in U. S. Armed Force: Yes, no or unknown) (If yes, give wor or dotes	of service) 16. SOCIAL SECURITY NO.	17. INFORMANT	- 44	ADDRESS	
	219-10-1819	Richard	Bell 1	420 N. Rolling	
18. / 0 5		OF DEATH		INTERVAL BETWEEN	
DISEASE OR CONDITION DIREC	CTLY			ONSET AND DEATH	
LEADING TO DEATH	(A) CC	indiac arr	780		
(This does not mean the made at de heart failure, asthenia, etc. It means th					
injury ar camplication which coused 'de	Bolh.)	racremial	pressur	G	
ANTECEDENT CAUSES	DUE TO	racio miso	P103301.		
DISEASES OR CONDITIONS, if an rise to the above couse (A) si		motes/do.	Q.	12 mo.	
UNDERLYING CONDITION lost.	(6)		P000 = 0 00 = = = 00000 (= 000 to 000 do = 000 = 000 app		
11				1,51	
OTHER SIGNIFICANT CONDITIONS COLOR				380	
DISEASE OR CONDITION CAUSING IT.		120A AUTOBEV2 (Vos. or N.	all 200 se vec were	FINDINGS CONSIDERED	
19A. DATE OF OPERATION 19B. CONDI		20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?			
U 21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g.,	in or about 21 C. WHERE DID	(If in Boltimo	re City, give exact location)	
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, factory, street, etc.)	office bldg., INJURY OCCUR?			
O 21D. TIME (Month) (Doy) (Year)	Hour) 21E, INJURY OCCURRED	21F. HOW DID IN.	JURY OCCUR?		
S (APPROX.)	While At Not Whi				
	Work At Work		- 55	(1 1 2 1 1 -	
22. I certify that (I) (this hospital)	1110		19 65 10	6 18 1965	
that (1) (we) last saw the deceased				Iniun death occurred an the d	
and haur and fram the couses stated	l abave. (l) (Ve) (did) (did not)	view the bady after death.			
23A. SIGNATURE	0 8 45 4	tording — AA-d —	51-11	238. DATE SIGNED	
Coleve of	illeine M.D. Att	tending Med. ys. Director	Stoff Phy s.	0/18/62	
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS			
The second secon	Ireland M.D.	Montebel	lo State	Hospital	
24A. BURIAL CREMATION, 24B. DATE	24C. NAME OF CEMETERY OF CR			ity, town, ar county) (State)	
Burial 6-21-191	Soudon takk	Cemetery B	altimo	en- Marchand	
2SA. DATE REC'D BY HEALTH DEPT. 25	SB. NAME OF REGISTRAR	25C. FUNERAL DIRECTO	R	ADDIESS, W	
HIN 2.2 1965 () 0 A	C. Fallens	Jehns. M	El Mabbh	- Calonsoelle - M.	
VS 150-REV. 1/1/65	C. NOWEUME	1 recunity	in in f		

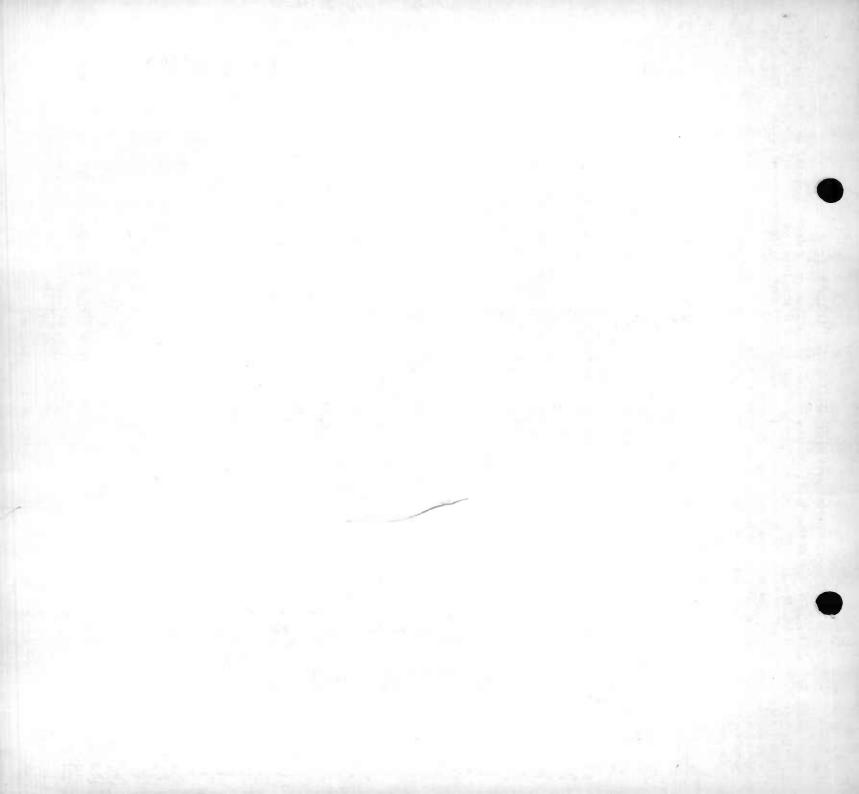


BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. 2. DATE AND HOUR OF DEATH 4. USUAL RESIDENCE (Where deceased lived. Il institution; residence before admission)
A. STATE
B. COUNTY ANNE ARUNDEL (If outside city limits, write RURAL and give township) (If rurol, give location) ROUTE 2 9. AGE (In years If Under 1 Yr. Months: Doys Il Under 24 Hrs. Hours lost birthdoy) 50 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? USA 14. MOTHER'S MAIDEN NAME AGNES JASKULSKI (DECID) FRANCES WRZESINSKI (WIFE'S SAME AGNES RECORDS INTERVAL BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (II in Boltimore City, give exoct location) 21 F. HOW DID INJURY OCCUR? 19 65 to ... ond that in (my) (our) apinion death accurred on the date 24D. LOCATION GLEN MARYLAND GLEN BURNIE. R.V. SINGLETON.

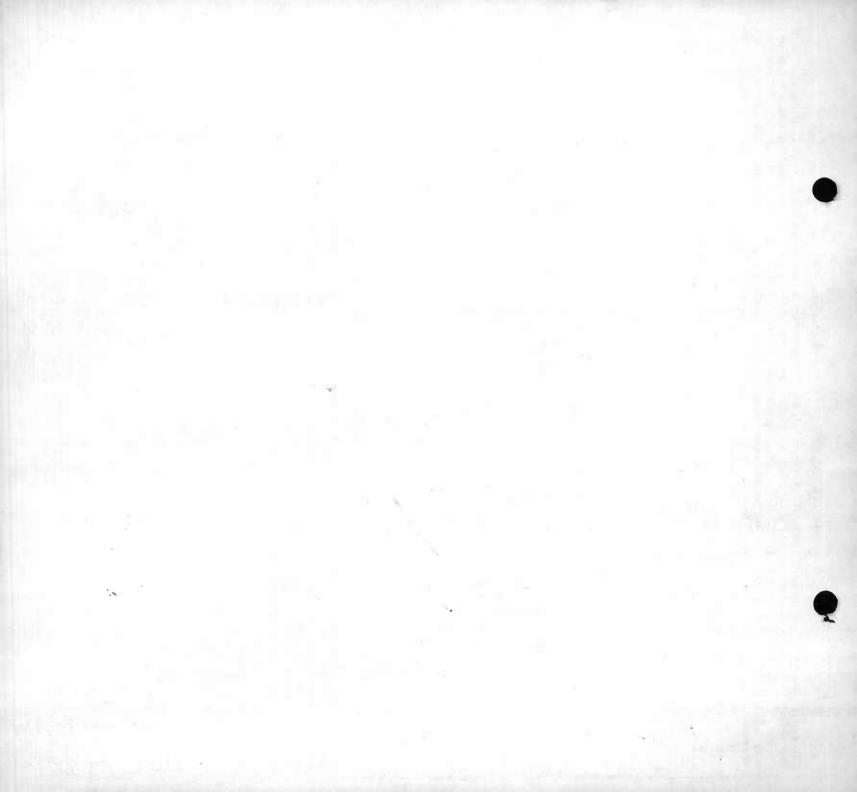
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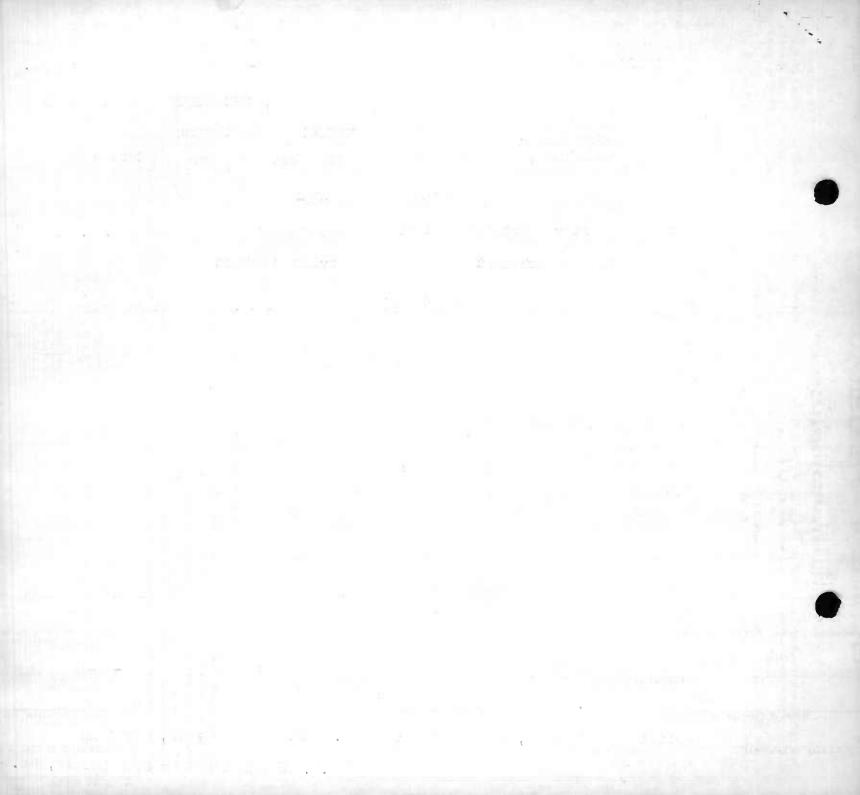
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	TH NO. 6514679 65 64	00	Y HEALTH DEPARTMENT	Registered Na	65 6468
	E CASE NO.	CERTIFICA	TE OF DEATH	Registered Na	0100
1. N.	AME OF DECEASED		2, DATE AN	NO HOUR OF DEATH	, 50
2 8	pe or Print STEPHEN LEE	CALLO	0/1	8/65	4-
	PLACE OF DEATH IN BALTIMORE, MARYLAI	ND .	4. USUAL RESIDENCE (Whe	re deceased lived, if in	stitution: residence before o
F	FULL NAME OF (If not in hospital or ins	titution, give street	C. CITY OR TOWN (If ou		26-03
	INSTITUTION Badiess of localidary				RURAL ond give township)
/	MARYLAND GEN.	Hara	D. STREET ADDRESS (IF	rurol, give locotion)	
1	MARSLAND GEN.	IJUSP.	3932 LYN		
5. S	SEX 6. RACE 7. M	ARRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Unde
1	1131	ILER MADDIED	6/17/65	lost birthday)	Months Doys Hours
tOA.	. USUAL OCCUPATION (Give kind of work TOB. I	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLA CE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?
done	e during most of working life, even if retired)		HARYLAND		USA.
13. [FATHER'S NAME		14. MOTHER'S MAIDEN NA		
	EUGENE CALLOW		PATRICIA	DADUL	
15. \	Was Deceased Ever in U. S. Armed Forces? s,no or unknown) (If yes, give wor or dates of s	16. SOCIAL	17. INFORMANT	TAKKS	ADDRESS
(Yes	s, no or unknown) (If yes, give wor or dates of s	SECURITY NO.	PATRICIA 17. INFORMANT CUGENE P.	PALLASAL	9977 / 1
-	18.	0.33116.0	OF DEATH	CALLOW	2/3d, Ny 11011
	DISEASE OR CONDITION DIRECTL	Y	0 .1	4	ONSET AND D
	LEADING TO DEATH		A rene of	11/41	
	(This does not meon the made of dyin-	g, e.g., DUE TO	Premate	400	
	heart failure, osthenia, etc. Il means the c injury or complication which coused death	0.0000,			
	ANTECEDENT CAUSES	(B)			
		DUE TO		**************************************	
	DISEASES OR CONDITIONS, if any, rise to the above cause (A) statis				
	UNDERLYING CONDITION lost.				
z	11	NAUTING.			
ATION	OTHER SIGNIFICANT CONDITIONS CONTE	TO THE			
CA		N FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	208. IF YES, WERE	FINDINGS CONSIDERED
CERTIFIC	WAS PERFORM			IN CERTIFYING CA	USES OF DEATH?
	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	218. PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE DID	(If in Boltimore	City, give exact location)
4	DEATH (notify medical examiner)	home, form, foctory, street, o	mee bidg., INJURT OCCUR?		
0		un 21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
×	21D. TIME (Month) (Doy) (Yeor) (Ho OF INJURY (APPROX.)	While At Not Whi	le 🗀		
		Work - At Work		,	
	22. 1 certify that (1) (this hospital) atte		7 4		
	tha (1) (we) last saw the deceased ali	ve on JUNE 18	19 60 2 and th	at in (my) (aur) apl	nian death occurred or
	and have and from the causes stated of	bave (1) (We) (did) (did nat)	view the bady after deoth.		
	23A. SIGNATURE				238. DATE SIGNED
	Boland Dor	M.D. AH	ending Med. Director	Stoff Phys.	6-10-63
	23 C. PHYSICIAN'S		23D. ADDRESS		0 00
	NAME (Type)	M.D.			
24A	A. BURIAL CREMATION, 248. DATE	24C. NAME of CEMETERY OF CR	EMATORY 24D. I	OCATION / (Ci	ity, town, or county)
	REMOVAL (Specify)	STCTA	Ci . 400 /1	15 Boston	RE BALTO
25.6	DURIAL 9/9/83	NAME OF BEGISTRA	36A43 63	,0,0	
23A.		NAME OF REGISTRAR	25C. FUNEPAL DIRECTOR	Q 1111	ADDRESS
- 1	JUN 22 1965 (D. B. B.	ATOL WOLLD	1/40156	1 Well	1053/
=	150-REV. 1/1/65				





VS 151-REV. 1/1/65

NAME OF DE	CEASED			2. DATE AN	D HOUR PRONOUNCE	ED DEAD
ype or Print)		MTTT	ORED BAXI	TV	6/17/65	5:45 p.
PLACE IN BALT	TIMORE, MARYLAND, V			4. USUAL RESIDENCE (Where	deceosed lived. If insti	itution: residence before odmissio
				Maryland	B. COU	INTY
LL NAME OF	ADDRESS OR LOC	ATION)	JTION, GIVE STREET	C. CITY OR TOWN (If outside	e corporate limits, write	RURAL and give township)
NOITUTION				Baltimo	ore	2-12
				D. STREET ADDRESS (If rurol,		V 0
	Church Home	and Hos	spital	1832 1	E. Pratt St.	
SEX	6. RACE		NEVER MARRIED DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 H Months Doys Hours Min
female	white		ried	June 3,1927	lost by boy	
		THOR KIND OF	BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or foreig	n country)	12. CITIZEN OF
Cashie	working life, even if retired) a go	Thea	tre	Roberson Co.	N. C.	WHAT COUNTRY?
FATHER'S NAN	ΛĒ			14. MOTHER'S MAIDEN NAM		
Lanth	er Parker			Hester Davi	s Parker	
WAS DECEASE	D EVER IN U.S. ARMEI		16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS Description
		es of service	SECORITI NO.	John Baxley		Pratt St.
NO	No		CALL	SE OF DEATH	Dalyimon	INTERVAL BETWEE
DISEASES	LEADING TO DEATI not meon the mode or , osthenio, etc. It meon mplicotion which coused ANTECENDENT CAUS OR CONDITIONS, IF LE AROVE CAUSE (A)	f dying, e.g., s the disease, death.) ES ANY, GIVING	(A) Gun DUE TO (B) DUE TO	shot wound of che	st	
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DISEASES RISE TO TH UNDERLYII OTHER SIG TO THE DISEASE OF 19A. DATE OF	not mean the mode of a strength of the course of the cours	f dying, e.g., s the disease, deoth.) ES ANY, GIVING STATING THE CONTRIBUTING ELATED TO T G IT. NOTITION FOR V REFORMED	(G)	20A. AUTOPSY? (Yes or No) NO in or obout 21C. WHERE DID office bidg, INJURY OCCUR?	20B, IF YES, WERE FIN IN CERTIFYING CAUS	SES OF DEATH?
OTHER SIG TO THE DISEASE OF THE DISE	ANTECENDENT CAUSE ANTECENDENT CAUSE OR CONDITIONS, IF A E ABOVE CAUSE (A) S NG CONDITION LAST. II NIFICANT CONDITIONS DEATH BUT NOT RE R CONDITION CAUSING F OPERATION 198, COT WAS PEI	f dying, e.g., s the disease, deoth.) ES ANY, GIVING STATING THE G CONTRIBUTING ELATED TO T G IT. NDITION FOR V REFORMED 21 B. home etc.)	(B)	20A. AUTOPSY? (Yes or No) NO in or obout 21C. WHERE DID office bldg., INJURY OCCUR? 1832 E.	20B. IF YES, WERE FIN IN CERTIFYING CAUS	SES OF DEATH?
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BALTIMORE	CILY	HEALIH	DEPAR	CIMENI

CE	6471		BALTIMORE CITY HEA	LTH DEPARTMEN	VT TP	V		
BIRTH NO.	MED	ICAL EX	KAMINER'S C	ERTIFICA	TE OF D	EATH Register	ed No.	6471
M.E. CASE NO.							(10)	OTIL
1. NAME OF DE	CEASED				2. DATE AND	HOUR PRONOUNCE	D DEAD	
(1900 01 111111	DAVII	BIRTWE	LL HENNESSY		6-2	1-65		4:55 A
3. PLACE IN BAL	TIMORE, MARYLAND, W		UNCED DEAD	Marylan	DENCE (Where d	eceosed lived. If instit B. COU	1	dence before odmissie
HOSPITAL OR	ADDRESS OR LOCA	ATION)	OHOW, GIVE STREET	Timoniu		corporote limits, write	RURAL of	nd give lownship)
UNION	MEMORIAL HOSE	PITAL		D. STREET ADD	RESS (If rurol,	give location)		
				2438 Sp	ring Lak	e Drive		
5. SEX	6. RACE		NEVER MARRIED	8. DATE OF BIRT		9. AGE (In years	If Under	r I Yr. If Under 24 H
Male	White	Marr Marr	DIVORCED(specify)	Aug. 20	. 1920	lost birthdoys	Months	Days Hours Mir
IOA. USUAL OCC			F BUSINESS OR INDUSTR	TY II. BIRTHPLACE	1State or foreign		12. CITIZI	EN OF
done during most of	working life, even if retired)	Groc	erv	Provide	nce. Rho	de Island	USA	AT COUNTRY?
13. FATHER'S NAM	ME	100		14. MOTHER'S M	AIDEN NAME	ao abrand	1 UUN	
	J. Hennessy				Birtwell			
	O-1 585 60	es of service)	16. SO CIAL SECURITY NO. 108 12 6225		. Hennes		ADDRESS	5
18.	1 0-1 203 00	0		E OF DEATH	ringlake	Dr. Timonii	1m . 75	INTERVAL BETWEEN
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O THE	II SNIFICANT CONDITIONS DEATH BUT NOT RE OR CONDITION CAUSING	LATED TO		,				
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UTING CAL	AL CAUSE WAS SOR CONTRIB- JSE OF DEATH.	erc./	PLACE OF INJURY (e.g., e, form, foctory, street, Road	Wi	ndwood D	rive inters		
OF INJURY (APPROX.)	(Month) (Doy) (Yeo	11:0/	WHILE AT NOT AT W	WHILE	ad-On	Auto-Auto	colli	sion
	rtify that I held on I		Inspection Au			basis, death in m		n
	1 1	1 .	7	CILIET.				

O'A W Klee ACTUAL SIGNATURE

CHIEF MEDICAL EXAMINER

DATE SIGNED

EXAMINER'S NAME (Type) PETER W. RIECKERT, M.D.

B. DATE | 23C. NAME of CEMETERY of CREMATORY

M.D. ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER

6-21-65

23A. BURIAL CREMATION, 23B. DATE REMOVAL (Specify) Burial 6/21/65 24A. DATE REC'D BY HEALTH DEPT.

Paltimore National Gemetery Deltimore, 11d.

24E. NAME OF REGISTRAR

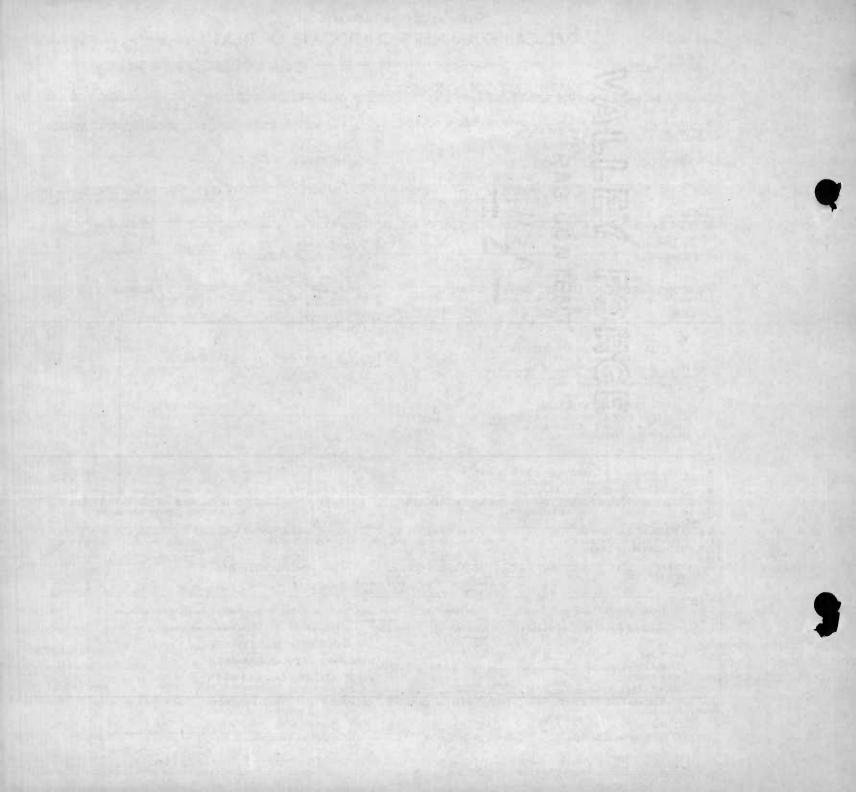
24C. FUNERAL DIRECTOR

(City, town, or county)

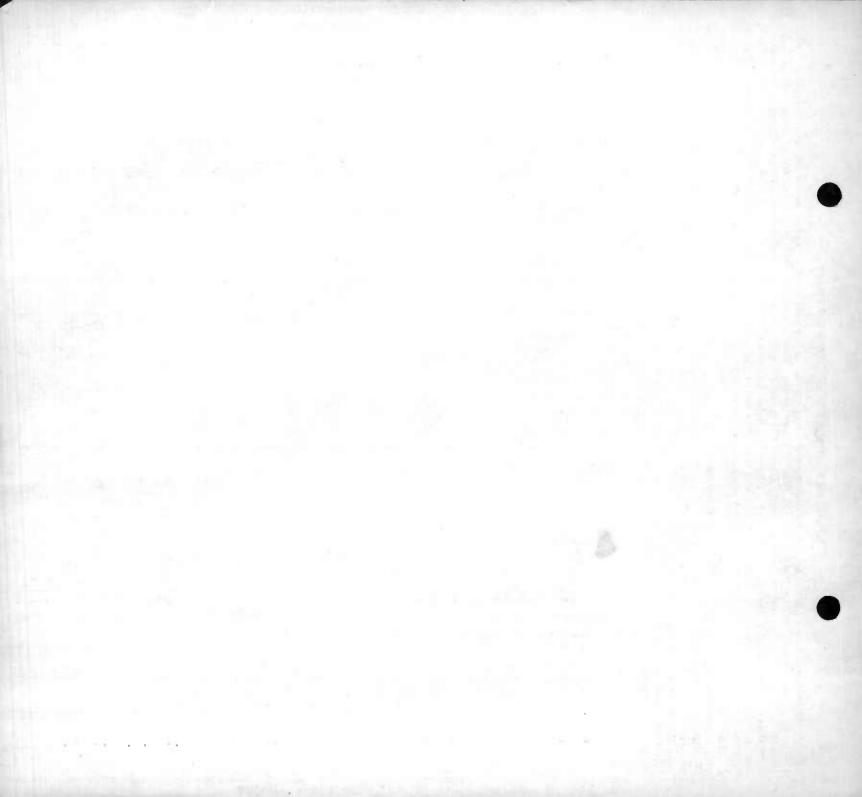
Sugenia K. Seitz 5209 York Road Seitz Funeral Home Balto. Md. 21212

23D. LOCATION

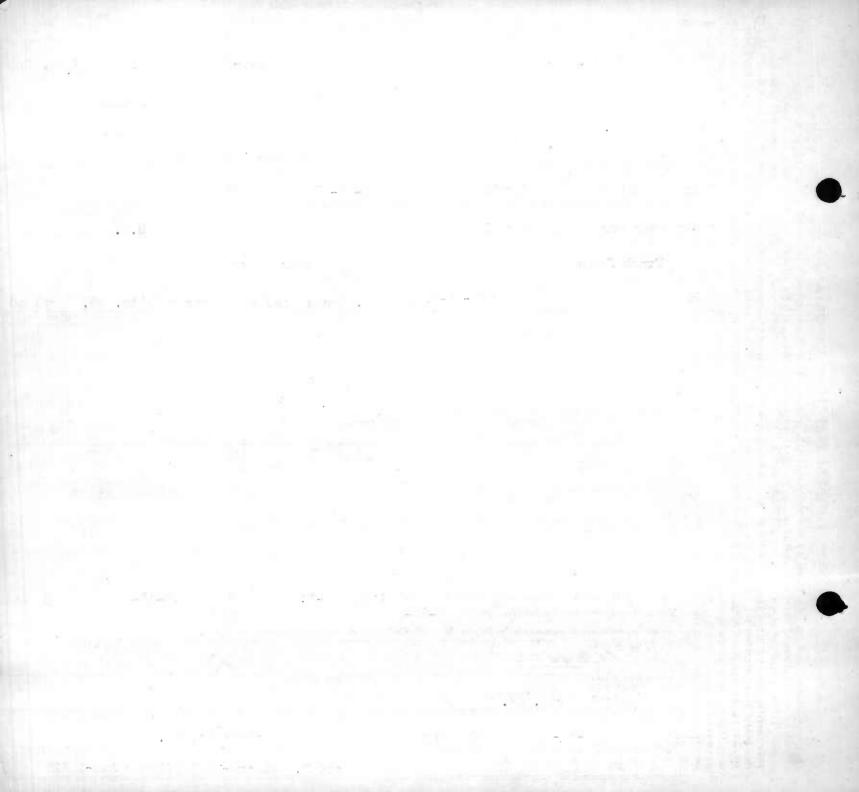
22 1965 Robert E, Farley M. 11 VS 151-REV. 1/1/65



	2005	BIRT	H NO. 65 6472 CERTIFICATE OF DEATH Registered No. 6	5 6472
	death death seased on the Such	1. N	. CASE NO. AME OF DECEASED 2. DATE AND HOUR OF DEATH 2. DATE AND HOUR OF DEATH	150
	of do Dece		LACE OF DEATH IN BALTIMORE, MARYLAND (-19-65) LACE OF DEATH IN BALTIMORE, MARYLAND (4. USUAL RESIDENCE (Where doccoosed lived. If institute A. STATE B. COUNTY	Hion; residence by the odnission
	use (5) dand	1	ULL NAME OF (If not in hospital or institution, give shoet oddioss or location) C. CITY OR TOWN M outside city limits, write RUR.	AL ond give township)
	in a call grause; ause; attend	8	University Hospital Pasadena D. STREET ADDRESS (If wool, give location)	0 0
•	M E 0 0	5. \$	EX 6. RACE A 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years) IF	Under 1 Yi. If Under 24 His. onths: Doys Hours Min.
	occurred ontributi ermined regular eased pr is made.	10A	remile While herer named 5-1-65	onths Doys Hours Min. 7 8 2. CITIZEN OF
	or condent	don	during most of working (lile, even if retired) Massalassa	WHAT COUNTRY?
H 3	firect or c; (4) Undet h was in the decondisposition	13.	FATHERS NAME 14. MOTHERS MAIDEN-NAME SOUND MOTHERS MAIDEN-NAME SOUND MOTHERS MAIDEN-NAME SOUND MOTHERS MAIDEN-NAME MOTHERS MAIDEN-	un slo;
IMPORTAN	the di kind; death nce on final di	15. (Yos	Nos Decessod Ever in U. S. Armed Forcos? no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Rt. 11, Box 15	2A, Cremen Rd.
~		_	18. CAUSE OF DEATH	21122 INTERVAL BETWEEN
MPC	o de a		DISEASE OF CONDITION DIRECTLY LEADING TO DEATH	ONSET AND DEATH
	niner of niner. Also fracture of o pronoun gular atte embalmed		(This daes nat mean the made of dying, e.g., DUE TO heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	
Ö	iner. ractu pro pro		ANTECEDENT CAUSES (B)	
DIRECTOR:	Wh Wh re		DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the	Ofe
	medical especial espe		UNDERLYING CONDITION iasi,	
RAL	er med medie dy burr dy burr p physi cian w he rem	ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
FUNERAL	thy si	ERTIFIC	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yos of No.) 20B. IF YES, WERE FINE IN CERTIFYING CAUSE!	DINGS CONSIDERED S OF DEATH?
II.		0	21 A. ACCIDENT WAS UNDERLYING 21 B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? 21 B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID (If in Boltimore City of the plants of	ty, give exoct locotion)
	Sp.		21D. TIME (Month) (Doy) (Yeo) (Hou) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Not While	
	the hor any nat (except; and (6); obtain		22. I certify that (IC(this hospital) attended the deceased from	6-19-1965.
	be de		that (1) we last saw the deceased alive an	n death occurred an the date
	5 6 5 5		23A. SIGNATURE Attending Mod. Olioclor Phys.	E DATE SIGNED
			23C. PHYSICIANS NAME (Type) M.D. 23D. ADDRESS (In Trois Type) M.D.	Holled
	oody was rest. (1) An a D.O.A. at assed prior	244	BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24O. LOCATION (City, 1)	own, or county) (State)
	Se de la constant de		Burial 6-21-1965 Holy Cross Cemetery Ritchie Hgwyl. A.	A Co Manual and
	the body shows: (1) was D.O./ deceased written a	25A	DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR	A.Co. Maryland
200	01 > 0 >	VS	150-REV. 1/1/65	OOl Ritchie Hgwy.



BIRTH NO. M.E. CASE NO		65 4 66 1	ATE OF DEATH	Registered No	65 6474
I.NAME OF			2. DATE	AND HOUR OF DEAT	H
(Type or Print)	Jones, Rola	and E	6	-18-65	10:38 pm
3. PLACE OF	DEATH IN BALTIMORE, MA		4. USUAL RESIDENCE (W	here deceased lived, If	institution: residence before admission)
FULL NAM HOSPITAL C	OR oddress or location	or institution, give street n)	Maryland c. city or fown (if		e RURAL and give township)
0	St. Agnes H	Hospital Maryland 21229	Baltimore D. STREET ADDRESS	(If rurol, give location)	5200
			2213 Sulphu	r Spring Roa	ad
Male	White	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Married	2-18-07	9. AGE (In years lost birthdoy) 58	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
done during most	t of working life, even if retired)	10B, KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF WHAT COUNTRY?
photo e		Engraving			u.s.
13. FATHER'S	NAME		14. MOTHER'S MAIDEN N	AME	
I	Frank Jones		Sarah	Shaw	
15. Was Decea	sed Ever in U. S. Armed For		17. INFORMANT		ADDRESS
No No	own) (If yes, give wor or date	217-01-3591	St. Agnes Hosp	ital Records	Balto. 29, Marylan
1B.	60 X I	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
(This doe heal failu	EASE OR CONDITION DIR LEADING TO DEATH s not meen the mode of tre, esthenia, etc. It meens complication which coused	dying, e.g., DUE TO	cieccy.	ry live	effe'
UNDERLY OTHER SIG	OR CONDITIONS, if the above cause (A) ING CONDITION last. II GNIFICANT CONDITIONS C DEATH BUT NOT RELA OR CONDITION CAUSING I	slating the (C)	4.S.C.V.D1	, jacci C	
	OF OPERATION 198. CON	IDITION FOR WHICH OPERATION FORMED	No	No) 20B. IF YES, WERI	E FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTI	DENT WAS UNDERLYING RIBUTING CAUSE OF offy medical examiner	21B, PLACE OF INJURY (e.g home, form, foctory, street, etc.)	office bldg. INJURY OCCUR?	(If in Boltima	ore City, give exact location)
21D. TIME OF INJURY (APPROX.)		(Hour) 21E INJURY OCCURRED While At Work Not W		NJURY OCCUR?	
22. I cert	ify that (this hospital	l) attended the deceased from 10	1:15p 6-18	19 6510	6-18- 165
	we) last saw the decease	1 10			pinion death accurred on the dat
					prinon decin decorred on the de
		ted above M (We) (did) (did)GACK	view the bady after deat	١.	DATE CLONED
23A. SIGN	Eluan		Attending Med. Director	Stoff Phy s	6/18/65
23C. PHYSI NAMI	E (Type)		23D. ADDRESS		
24A BUBLAL C	Rafael Marin	i, riu.		LOCATION:	6.4
REMOVA	CREMATION, 248. DATE	24C. NAME of CEMETERY OF	ORENIATORT 24D.	LOCATION	City, town, or county) (State)
Burial 25A. DATE REC	6-22-6	5 Loudon Park	25C. FUNERAL DIRECT	Baltimore, M	d. ADDRESS
JUN 2	2 1965 A.O. B	E Farley M.C.			ilkens Ave-21229
VS 150-REV. 1.	Stocow	C) down	Howard H. Hul	DDaIG-410/ W	TINGHO HVE-ZIZZ



24C. FUNERAL DIRECTOR

Howard H. Hubbard-4107 Wilkens Ave-21229



24A. DATE REC'D BY HEALTH DEPT.

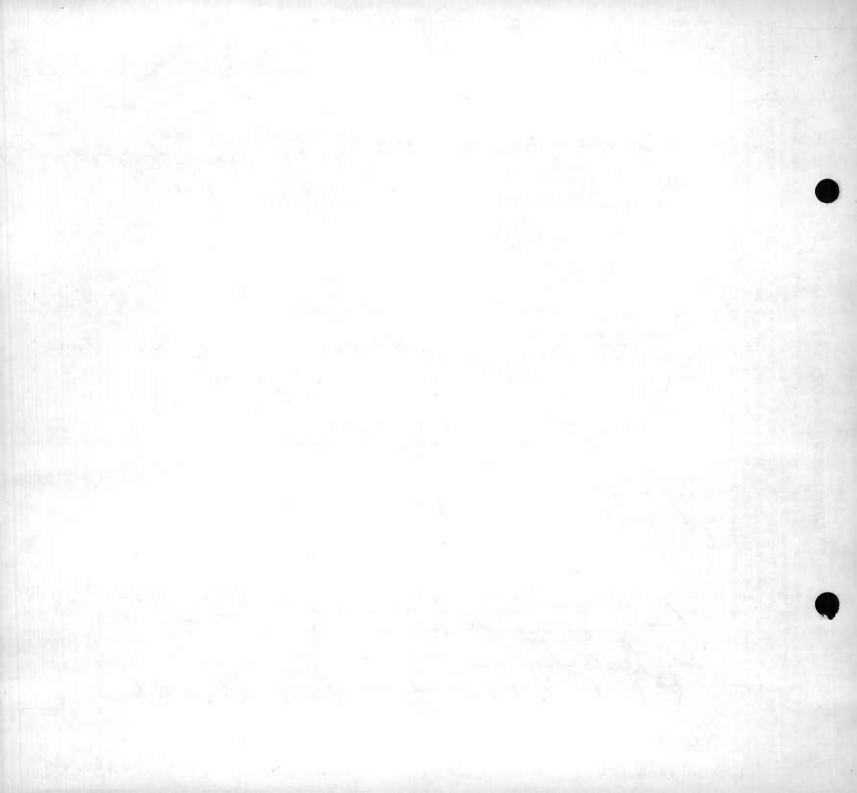
248 NAME OF REGISTRAR

Bruss S. Valley School Cast later, the court amoves the grid of a section of the court of the

VS 151-REV. 1/1/65

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2 + 2 0 +	NO. CERTIFICATE OF DEATH Registered Na. 50 54	17
an leat ase ase Suc	CASE NO. ME OF DECEASED OF Print) EDW IN WEBSTER DAVIS ACE OF DEATH IN BALTIMORE, MARYLAND A. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY	4 PA
a hosp cause se; (5) andanc to dec	LL NAME OF (If not in hospital or institution, give street oddress or location) SPITAL OR Oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give to BALTLYSOR)	wnship)
rior at roi-	UNIVERSITY HOSPITAL D. STREET ADDRESS (If rurol, give locotion)	
occurre ontribut regular ased p	19 W W10, 3/20/89 76	If Under 24 Hrs Hours Min.
or condition	SUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) WHAT COUNTRY 12. CITIZEN OF WHAT COUNTRY 13. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME	NTRY?
	EORGE HEN12Y DAVIS APELINE 19, LILLY DE Decensed Ever in U. S. Armed Forces? 116. SOCIAL 117. INFORMANT	22
f the y kin d dec ance	o or unknown) Of yes, give wor or dotes of service) security No. Und Mrs. Victor Bevan Hand Sease	Md. 21078
Also, if e of any nounced attendo med or	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Septiemie ONSET 80	lege
actur pror ular mbal	this does not mean the mode of dying, e.g., eath failure, asthenia, etc. It means the disease, niting a camplication which caused death.) ANTECEDENT CAUSES (B) Absers of R Flank 2 V	Vreehs,
(3) A n wh	DUE TO DISEASES OR CONDITIONS, if any, giving se la the abave cause (A) stating the (C) (C) (C)	•••••
pnysicia ian was e remain	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE CONCENSOR OF CONDITION CAUSING IT.	mtts
physic fore th	A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID 0f in Boltimore City, give exect	
o) No	R CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR? EATH (notify medical examiner) D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED 21F, HOW DID INJURY OCCUR? F INJURY	
and (dobtain	While At Not While At Work 2. I certify that (I) (this haspital) attended the deceased from 6/8 1965 to 6/8	19 55
be,;	nat (I) (we) lost saw the deceased alive an	rred an the da
to d	A. SIGNATURE M.D. Attending Med. Sloff Phys. B 6/18/6. C. PHYSICIAN'S NAME (Type) 23B. DATE SIGNIE 6/18/6.	D
D.O.A. at ased prior en approv	M.D. SURIAL CREMATION, 248, DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county	(Stote)
deceased written a	IN CO WAS THE PARTY OF THE PART	ness ma
shov was dece	JN 22 1965 Poles E. Jankouma January My Haneway	



	HEALTH DEPART		Registered N	No. 6	5 64	179	
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LES		JUNE	18	1965	5 9	:15 A M	
eet	4. USUAL RESIDEN	D			13ax	at	
	BALT I MO		ide city limits, w	rite RURAL	ond give tov	rnship)	
	D. STREET ADDRES	SS (If n	rol, give location)			-
			E AVE.				=
MARRIED ORCED (specify)	7-8-84	10	AGE (In years ost birthday)	Moni	nder TYr.	If Under 24 Hrs. Hours Min.	
ESS OR INDUSTRY	11. BIRTHPLACE (Ste	ote or foreig	n country)	12.	CITIZEN OF		-
ICE	BALTI	MORE,	MD	- '	WHAT COU	NTRY?	
	14. MOTHER'S MA				,		-
	HENRI	ETTA	- (UN	KNOU	W)		
CIAL CURLTY_NO	17. INFORMANT				ADDRES		
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OF INJURY (e.g., in foctory, street, of	or obout 21 C. WHEI	RE DID C CU R?	(If in Bolti	imore City,	give exoct lo	cotion)	
Y OCCURRED	21 F. HOW	DID INJU	RY OCCUR?				-
Not While							
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	iew the bady afte						
M.D. Atte	nding Med		itall . V		6-18-6		_
Phy:	. Direc	ctor L	hys.		0-10-0	כי	_
D. M.D.	ST AGNES	HOSE	ITAL, C	CATON	EWILK	KENS AVE	
CEMETERY OF CRE	MATORY	24D/10	CATION	(City, tow	n, or county)	(Stote)	-
vord ber	netury	Tall	Esuit	Ma	uslam	d	
STRAR	25G. FUNERAL	DIRECTOR	1.411.	(0,0,	ADD	RESS W.	
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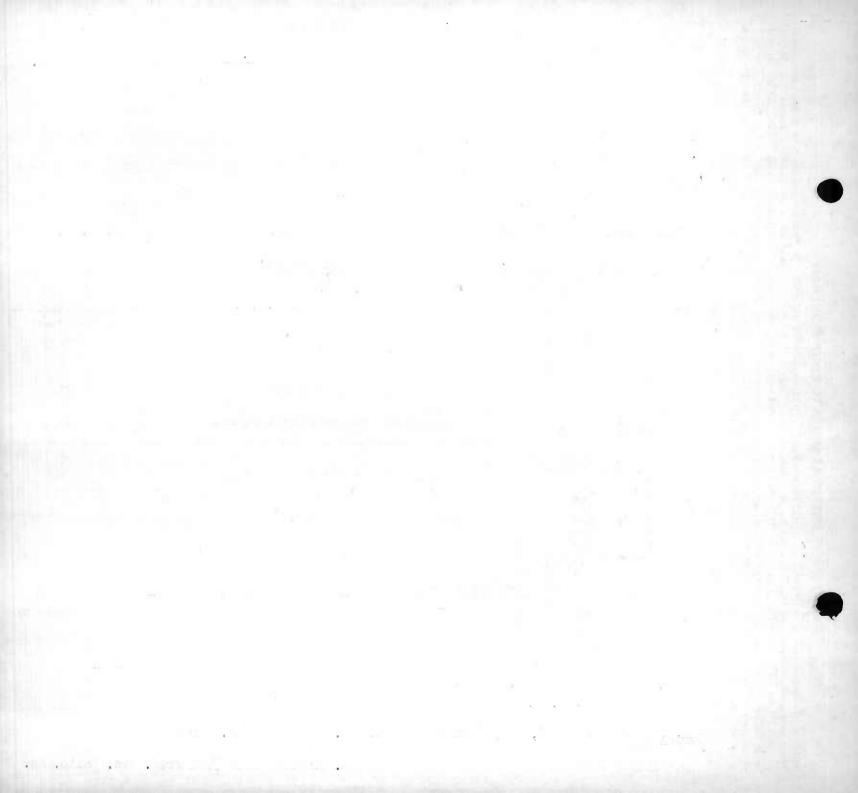
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VS 150-REV. 1/1/6S

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VS 150-REV. 1/1/65

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	C =	0400	BALTIMORE CIT	Y HEALTH DEPARTMEN		0.400
BIRTH NO. M.E. CASE NO.		6482	CERTIFICA	ATE OF DEATH		65 6482
Type or Print)		TER MILI	ON NAMUTH, S		ine 18, 1965	
3. PLACE OF DEA	TH IN BALTIM	ORE, MARYLAND			Where deceased lived. If i	nstitution: residence before admission
FULL NAME OF HOSPITAL OR INSTITUTION		hospitol or institut or location)	ion, give street	Md.	1)	RURAL ond give township)
()	2709 A	shland A	ve	Balti		
		ore, Md.		D. STREET ADDRESS 2709	(If rurol, give locotion) Ashland Ave	2.,
male	white	ma	NED, NEVER MARRIED DWED, DIVORCED (specify) LTTied D OF BUSINESS OR INDUSTR	8. DATE OF BIRTH 2/20/1884	9. AGE (In years lost birthdoy) 81	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min,
done during most of we hone Ins	rorking lite, even	if retired)	P Tel. Co.	Baltimore		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAM	Jnknown			14. MOTHERS MAIDEN UNKNOW		
5. Was Deceased Yes, no or unknown)	Ever in U. S. A (If yes, give we	rmed Forces? or or dotes of servi		17. INFORMANT		ADDRESS
			212-05-0481		lalker Namut	h, wife, above
18. 4-2	0111		CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	E OR CONDIT	ON DIRECTLY		0	The D	· Idan
		node of dying,	e.g., DUF TO	Toronary	1 - Barmos	100
heart failure, a	asthenia, etc. 1	t means the dise		1		
, ,	NTECEDENT	coused deoth.)	(R)	Cerebral	arterydisea	10 / year
DISEASES O	R CONDITION	NS, il any, gi		Castries 11	Deer .	1000-
	CONDITION	se (A) sloling lost.	tne (C)	Justice a		jais
Y TO THE DE		TIONS CONTRIBLE OT RELATED TO		Leanday	anemia	(year
19A. DATE OF	OPERATION 1		OR WHICH OPERATION	20 A. AUTOPSY? (Yes	IN CERTIFYING CA	FINDINGS CONSIDERED
	TING 🗌 CAUSE	OF _	218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21 C. WHERE DI office bldg., INJURY OCCU	D (If in Boltimor	e City, give exoct locotion)
	(Month) (Doy)	(Yeor) (Hour)	21 E. INJURY OCCURRED While At Work Not Wh. At Work	ile 🦳	INJURY OCCUR?	
22. Leastifu	that (1) (shie	bospital) attend	ed the deceased fram	Cepuil =	19/9/25to	440 18 1065
that (1) (wa)-	last saw the	deceased alive	on June 18		d that in (my) (aur) ap	inian death accurred an the da
		ses stated abov	e. (1) (116) (did) (did net)	view the bady after dea	ith.	
23A. SIGNATUI	ZXK	leines		tending Med.	Stoff Phys.	23B. DATE SIGNED
23C. PHYSICIAN NAME (Ty LOUL.	S F.KL	IMES /	A.D. M.D.	23D. ADDRESS 2623 E.	Konumen	+11
REMOVAL (S		DATE 24	C. NAME of CEMETERY OF CE		D. LOCATION (C	ity, town, or county) (Stole)
Burial 25A. DATE REC'D	1000 6	/22/85 PT. 258. NA	Baltimore Cer	25C. FUNERAL DIREC		ADDRESS
JUN 22	1965 (7	obert E.	Jankey M. B.	2601 E.	Funeral Ho Madison St.	ome, Inc.

FUNERAL DIRECTOR: IMPORTANT

	BALTIMORE CITY	HEALTH DEPARTMEN	NT	05 0400
BIRTH NO. M.E. CASE NO. 65 648	3 CERTIFICA	TE OF DEAT	H Registered Na.	65 6483
M.E. CASE NO. 1. NAME OF DECEASED		2. DA	TE AND HOUR OF DEATH	1.0
(Type or Print) CIMINO, SANTI	4	7	WAL 18-19	651 2 10 1
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE	(Where deceased lived, If i	
FULL NAME OF (If not in hospital or institu	tion, give street	MARYLA		9-13
HOSPITAL OR oddress or location) INSTITUTION			(If outside city limits, write	RURAL and give township)
(LNION MEMORIAL	HOSPITAL	BALTIMO D. STREET ADDRESS	(If rurol, give location)	
, terror		733 E. 3		
	RIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs Months: Doys Hours Min.
6 = 8 / 4 / 5 1 / / / 7 =	OWED, DIVORCED (specify)	8-26.189	C TAS	Months: Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10 B. KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLA CE (Stote		12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired) Seamstress Schlo	ss Bros.	ITALY		AMERICAN
13. FATHER'S NAME	33 DIO3.	14. MOTHER'S MAIDE	N NAME	
JOSEPH D'ANNA			FERTETTA	i i
5. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	, levielly	ADDRESS
(Yes, no or unknown) (If yes, give war ar dates of serv	216-24-0757	Caluatoro	Cimino sor	st., 5 n,602 N.Streeper
1B. / / / V	CAUSE O		CIMITIO, SOI	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY			. 0 .	ONSET AND DEATH
LEADING TO DEATH	(A) CAT	CINOMA	of Rectu	m MO- 42
(This does not mean the made of dying, heart failure, asthenia, etc. It means the dis-	e.g., DUE TO W	1th Met	of Rectu	
injury ar camplication which caused death.)				
ANTECEDENT CAUSES	(B)		O u a C 0-0 C a ser mon es u a se u a mamma a uma a co se vo a m	
DISEASES OR CONDITIONS, if any, g	iving B	nchepn	PINOLIA	Ja y C
rise to the above couse (A) stating UNDERLYING CONDITION lost.	me (C) <u>{</u> /-/-/-		-0000	
II.			, –	
O THE SIGNIFICANT CONDITIONS CONTRIB				
DISEASE OR CONDITION CAUSING IT.				
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED	FOR WHICH OPERATION	Yes.	OF No. 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
U 21A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g., in	or obout 21 C. WHERE	OID (If in Boltimo	re City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, of	fice bldg., INJURY OCC	U R?	
O 21D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DI	D INJURY OCCUR?	
OF INJURY (APPROX.)	While At Not Whil	• 🗖		
	Work At Work		15	
22. I certify that (I) (this hospital) attend		, , ,		UNE 18 1965
that (I) (we) last saw the deceased alive	an JUNE 18	19 6.5	ind that In (my) (aur) ap	inlan death accurred an the da
and haur and fram the causes stated abo	ve. (1) (We) (did) (did nat) v	iew the bady after d	eath.	
23A. SIGNATURE				238, DATE SIGNED
Chi tsung Su	M.D. Atte	ending Med. S. Director	Stoff Phys.	JANE 18 65
23C. PHYSICIAM'S NAME (Type)		23D. ADDRESS		
DR. CHI-TSUNG SU	M.D.	UNION	MEMORIAL HOS	PITAL
24A. BURIAL CREMATION, 24B. DATE 2	C. NAME of CEMETERY OF CRE			City, town, or county) (State)
REMOVAL (Specify)	Holy Redeemer		Baltimore, 1	
25A. DATE REC'D BY HEALTH DEPT. 25B. NA	ME OF REGISTRAR			
JUN 22 1965 R. C. F. E.		Schimune	Funeral Horechms Lane	me, Inc.
VS 150-REV. 1/1/65		5331	Elmis Lane	

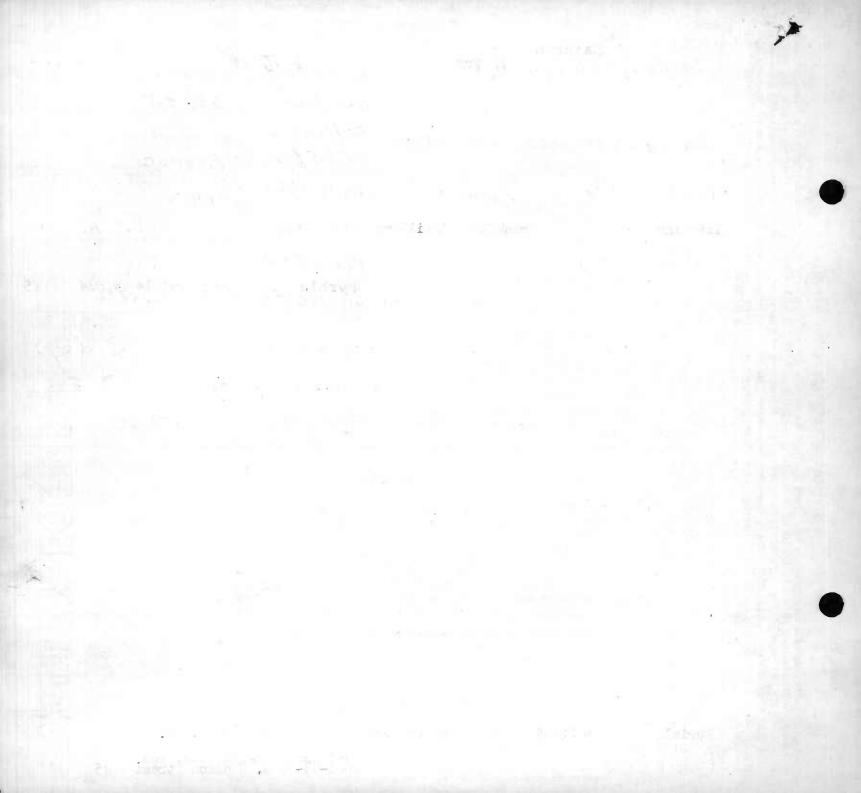
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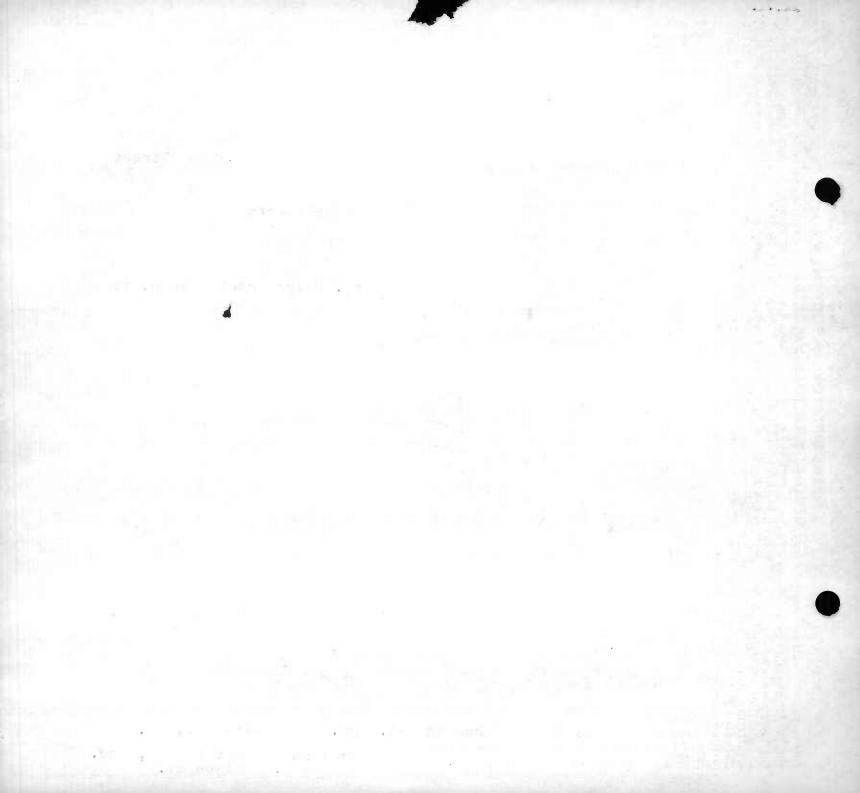
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ANT	This certificate must be approved by the chief medical examiner ar his assistant if death accurred the body was released to the haspital by a medical examiner. Also, if the direct ar contributin shaws: (1) An accident of any nature; (2) Bady burns; (3) A fracture af any kind; (4) Undetermined c was D.O.A. at a hospital (except where the physician wha pranounced death was in regular a deceased prior to deceased prior to deceased prior to be deceased bring.
IMPORT	Also, if the re af any kinounced de attendance
FUNERAL DIRECTOR: IMPORTANT	examiner examiner (3) A fractu an wha pra in regular
NERAL D	chief medical r a medical Bady burns; the physicial
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	This certificate muthe body was relessance was D.O.A. at a hadeceased priar ta

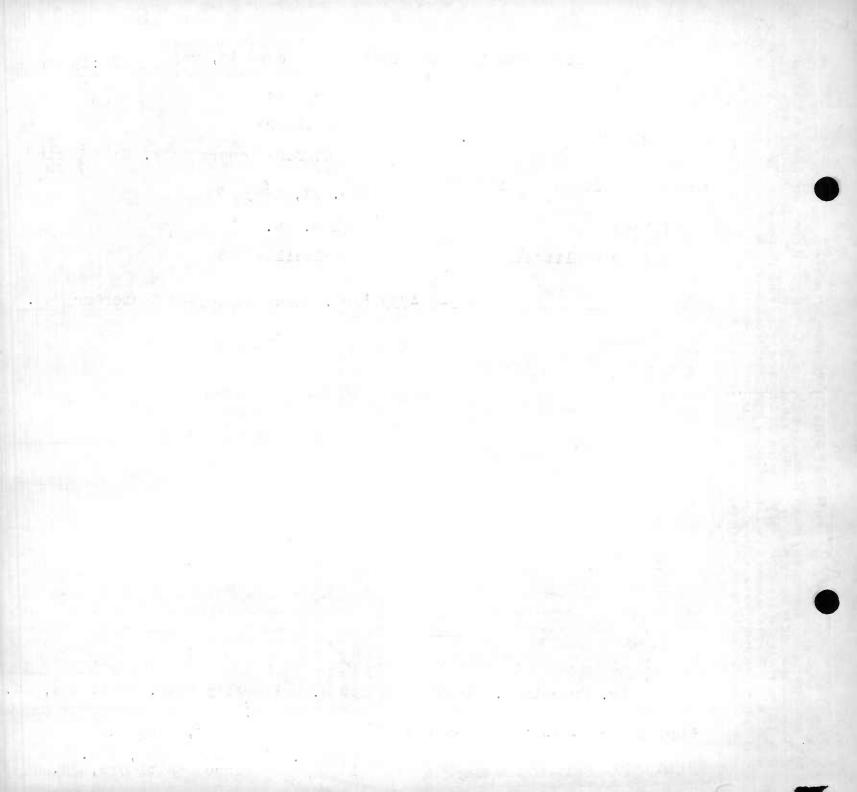
E.	341	65 6484 BALTIMORE CITY HEALTH DEPARTMENT	07 0404
0.	TO DOE	BIRTH NO. CERTIFICATE OF DEATH Registered No.	65 6484
	the state	M.E. CASE NO. 1. NAME OF DECEASED Kathryn 2. DATE AND HOUR OF DEATH (Typod Part)	
	de de con	Kendo 11. (othrun 11) ary 6-10-65	12.30 A.M.
	+ 4 0 =	3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived, If i	nstitution: residence before admission)
	se as (5) Dance deat	FULL NAME OF (If not in hospital or institution, give street Mary and 2026	25 26-13
	cau se; ende	HOSPITAL OR INSTITUTION oddress or location)	RURAL ond give township)
	T T	no. Charles St. Jen. Hosp, D. STREET ADDRESS (If rurol, give locotion)	
	Pring Bring	5085 Orville Aven	110
	bo da	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	mimimi mise	Female White Widowed July 7,1883 10st birthdox 81 urs.	Months Doys Hours Min.
	ced ced	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)	12. CITIZEN OF
	de tio	Labeling on e Frankfort Distillery Manyland	WHAT COUNTRY?
	de d	13. FATHER'S NAME	
1	(4)	John Myers Mary Sommers	
Z	ath ath	15. Wos Deceosed Ever In U. S. Armed Forces? (Yes, no or unknown) (If yos, give wor or dotes of servico) 16. SOCIAL SECURITY NO. 17. INFORMANT MYTHE 5085 Ont	ille Arenie #5
E	kir kir de de ina	15. Wos Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yos, give wor or dotes of service) 16. SOCIAL SECURITY NO. 212-03-9140 17. INFORMANT MYTHE 5085 Onv MUSHIE EVANS - 20	sughter "
OR	if if if if or for for f	18. CAUSE OF DEATH	INTERVAL BETWEEN
AP	his fo nc on d	DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
S	Alson att	(This does not more the mode of dying, e.g., DUE TO DISEASE OR CONDITION DIRECTLY (A) Sept cemia post op DUE TO	s days
ä	er tur rar bal		
0	ine rac	injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the ANTECEDENT CAUSES (B) ANCRENE Left Foot DUE TO (C) OAREFES MELLITUS UNCONDITIONS	1 / days
5	A A f	DISEASES OR CONDITIONS, if any, giving	
RE	S = 1	underlying Condition last.	ROLLED
0	ica ica is, cia cia	11	
7	dio dio ysi	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
8	T d d d d d d d d d d d d d d d d d d d	TO THE DEATH BUT NOT RELATED TO THE CENERALIZED ARTERIOSKIEROSIST DISEASE OR CONDITION CAUSING IT.	
Z	a a d a d a d a d a d a d a d a d a d a	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
5	by (2) By ore ore	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or oboy) 21C. WHERE DID (If in Boltimo	re City, give exoct locotion)
-	all (2)	OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldgs, INJURY OCCUR?	
	white of N	210. TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
	has has pt (6 (6	OF INJURY (APPROX.) While At At Work At Work	
	x x x x x x x x x x x x x x x x x x x	22. I certify that (I) (this hospital) attended the deceased from	6. 18. 10 65
	app fatl fan fan (e)	1 0	inion death occurred on the date
	0 p 0 p + + +	ond hour and from the couses stoted obove. (1) (We) (did) (did not) view the body ofter death.	
	death must be	23A. SIGNATURE	23B. DATE SIGNED
	20:24 8-	Therald of Thurston M.D. Attending Med. Director Phys.	6.19.65.
	0 - 0 >	23C. PHYSICIAN'S NAME (Type)	
	was r was r An a A. at a priar	HARALD H- FAUTER M.D.	
		REMOVAL (Specify)	City, town, or county) (Stoto)
	Dod D.O. D.O. Hen	Burial 6/22/65 Oak Lawn Cemetery Baltimore, Md	
	This certi the body shaws: (1 was D.O. deceased written a	JUN 22 1965 Robert E. Falkert 256, Funeral pirector 256, Funeral Home 2601-03-05 E. Madison St	Inc. ADDRESS
	た キャ ≯ ラ ≯	JUN 22 1965 Robert E. Jankey 2601-03-05 E. Madison St	reet #5
		VS 150-REV, 1/1/65	





pital and of death Deceased to on the ath. Such	1. NAME OF (Type or Print) 3. PLACE OF			LUSKER	6. USUAL RESIDENCE	AND HOUR OF DEAT	6 - 00 P.
hosp Jse (5) and	FULL NAM HOSPITAL INSTITUTIO	OR oddiess or loco	tol or institution, greation)	e street	MP.	ALLE G-H	C
ing caus	00	503 SO. A	NN ST.		D. STREET ADDRESS	(If turol, give location)	57.00
occurre ontribut ermined regular regular is made	5. SEX	6. RACE WH CCUPATION Give kind of w	WIPO	WED (specify)	S. DATE OF BIRTH JUNE 25 188 11. BIRTHPLACE Stole of	9. AGE (In years lost birthday)	If Under 1 Yı. If Under 24 Months Doys Hours Mi
or con	done during mo	st of working life, even if relired EWIFE		OSINESS ON INDUSTRI	MARYLAN 14. MOTHER'S MAIDEN	NAME	WHAT COUNTRY?
direct direct d; (4) I on the dispos	10	ARD AS	H KET	TLE	ELIZA		CLAY
sistant the di kind; death nce on	(Yes, no or unk	osed Ever in U. S. Armed nown) (If yes, give wor or d	lotes of service)	SECURITY NO.	17. INFORMANT CHARLES	(SON) MCCUS	SKER-503 So. A
Pr pr		ure, asthenia, etc. It med camplication which caus				Our occ	
dical examine ical examine rns; (3) A frac sician who pass in regult	DISEASE use to UNDERL	ANTECEDENT CAUS S OR CONDITIONS, in the abave cause (/ YING CONDITION fast.	ied death.) SES I any, giving A) stating the	(B)			
ical examines; (3) A fraction who pas in regula	DISEASE injury or DISEASE inse to UNDERL OTHER S TO TH DISEASE	ANTECEDENT CAUS S OR CONDITIONS, in the abave cause (/ YING CONDITION fast.	CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTR	(C)	20 A. AUTOPSY? (Yes o		RE FINDINGS CONSIDERED CAUSES OF DEATH?
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NAME OF Day or Print)		Man 2 - 4	J. Timble		June 18, 19		1
PLACE OF	ELIZA DEATH IN BALTIMORE, MA		de Linthici			ved. If institution: residence before ac	n
FULL NAM HOSPITAL C	E OF (If not in hospitate) R oddress or location	or institution, giv	ve street	Maryla c. city or town	nd (If outside city limit	s, write RURAL and give township)	irni s si q
) (Builford Towe	ers Apt	S.	Baltim D. STREET ADDRESS	(If rural, give lace	Apts. Cold Spr	no
. sex Femal	6. RACE White	7. MARRIED, N	DIVORCED (specify)	B. DATE OF BIRTH Feb. 21.	9. AGE (In yellost birthday)	1000	_
one during mas	CCUPATION (Give kind of work of working life, even if retired) anion	108, KIND OF B	SUSINESS OR INDUSTRY	Balto. N	e or fareign country)	12. CITIZEN OF WHAT COUNTRY?	
3. FATHER'S	IAME			14. MOTHER'S MAIL			
0:	liver Hoblitz	zell		Prisci	lla Paca		
5. Wos Decea	sed Ever in U. S. Armed For	ces?	6. SOCIAL	17. INFORMANT		ADDRESS	
	(If yes, give wor ar dote		SECURITY NO.	Mag Mal	es White?	943 Canterbury	24
NO IB.	EASE OR CONDITION DIR		CAUSE O	F DEATH	Henn CA	INTERVAL BETWING ONSET AND DE.	EEN
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uise ta UNDERLY	OR CONDITIONS, if the abave cause (A) ING CONDITION last, SNIFICANT CONDITIONS CODEATH BUT NOT RELA OR CONDITION CAUSING!	Stating the ONTRIBUTING	(C)				*********
UN DERLY OTHER SI- TO THE DISEASE	the abave cause (A) ING CONDITION last, II SNIFICANT CONDITIONS C DEATH BUT NOT RELA OR CONDITION CAUSING I	ONTRIBUTING TED TO THE T. DITTON FOR WE		20 A. AUTOPSY? (Y	es ar Nol 20B, IF YES, IN CERTIFY	, WERE FINDINGS CONSIDERED ING CAUSES OF DEATH?	
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BALTIMORE CITY HEALTH DEPARTMENT

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Female White Married April 18,1889 76 IOA. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired) Housewife At Home Poland U.S., FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown), (If yes, give wor or dotes of service) DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the mode of dying e.g., heart foilure, osthenia, elc. It means the disease, injury or complication which coused death.) ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Who is in indivorable to the disease of the country	give township) Yi, II Under 24 Hr oys Hours Min. OF COUNTRY?
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BALTIMORE CITY HOSPITAL - DOA D. STREET ADDRESS (If rurol, give locoson) 802 Woodrow Avenue 5. SEX Female White Whow April 18, 1889 76 12. CITIZEN WHAT WHAT WHAT WHAT WHAT WHAT Poland 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) (If yes, give wor or doles of service) No DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart foilure, osthenic, etc., It means the disease, injury or complication which caused death.) ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DOS STREET ADDRESS (If rurol, give locoson) 802 Woodrow Avenue 8. DATE OF BIRTH 9, AGE (In yeors life Under Information of String or Information of String or Information of String or Information of String or Information or	OF COUNTRY?
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19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CON IN CERTIFYING CAUSES OF DEAT	
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22. I certify that I held on Inquiry Inspection X Autopsy ond that on this basis, death in my opinion	TATE A
resulted from: Natural couses Accident Sulcide Homloide Undetermined manner	
SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER	
EXAMINER'S NAME (Type) PETER W. RIECKERT, M.D. 23A, BURIAL CREMATION, 23B, DATE 23C, NAME of CEMETERY of CREMATORY 23D, LOCATION (City, town, or court	DATE SIGNED 6-21-65

JUN 22 1965 Robert E. Fartigue VS 151-REV. 1/1/65

Burisl June 24, 65 Holy Cross Cemetery German Hill Rd. Baltimore

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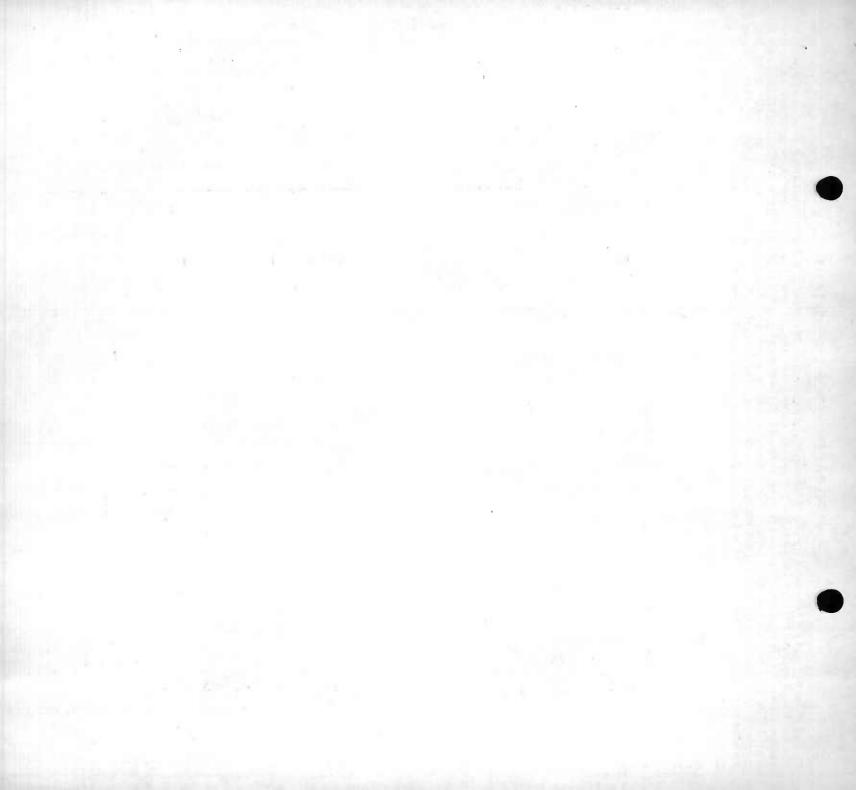
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attendance ing cause cause; (5) contributing occurred pr etermined in regular deceased (4) Unde Was the IMPORTANT death attendance pronounced regular FUNERAL DIRECTOR: Was where °Z. hospital nature; 9 (except and death) hospital prior to 8 at O.A.

of death Deceased

BALTIMORE CITY HEALTH DEPARTMENT Registered Na. CERTIFICATE OF DEATH BIRTH NO. the M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) death. 3. PLACE OF DEATH IN BALTIMORE, MARYLAND USUAL RESIDENCE (Where deceased lived, If institution; residence MARYBAND FULL NAME OF (If not in hospital or institution, give street address or lacation) C. CITY OR TOWN (If outside city limits, write RURAL and give lownship) INSTITUTION HOPKINS HOSPITAL D. STREET ADDRESS (If rural, give location) made 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DAJE, OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min. WIDOWED, DIVORCED (specify) last birthdoy 16A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 2. CITIZEN OF WHAT COUNTRY? dane during mast of working lile, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME JAMES MILLS XXXXX ELIZABETH MILLS 15. Was Deceased Ever in U. S. Armed Farces? 17. INFORMANT 6. SOCIAL ADDRESS (Yes, no ar unknown) (If yes, give war or dates of service) SECURITY NO. CAUSE OF DEATH INTERVAL BETWEEN 0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY hemathritz LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury at camplication which caused death,) ANTECEDENT CAUSES DUF TO DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the remains UNDERLYING CONDITION last. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 21B. PLACE OF INJURY (e.g., in ar about 21C. WHERE DID home, farm, foctory, street, office bldg., INJURY OCCUR? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (If in Baltimare City, give exact lacotion) DEATH (notify medical examiner) MEDI 21 D. TIME (Month) (Day) (Year) 21 E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Nat While (APPROX.) At Wark Wark 22. I certify that (1) (this hospital) attended the deceased from ... 19 6 5 that (1) (we) last saw the deceased alive an.....and that in(my) (aur) aplnian death accurred an the date and haur and fram the causes stated abave. (1)(We) (did) (did nat) view the bady after death. must 23A. SIGNATURE 23B. DATE SIGNED Attending approval 23D. ADDRESS 23C. PHYSICIAN'S NAME (Type) JUITAUS HOPKINS 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION eceased (City, tawn, ar county) REMOVAL (Specify) VS 150-REV. 1/1/65



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	BIRTI	H NO. 65	S491EDI	CAL EX	CAMINER'S	ERTIFICAT	E OF D	EATH Registe	red No.	0431
	M.E.	CASE NO.								
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70				JACK	KOTTS			6/19	165 10	1:55 a.
	3. PL	ACE IN BALTIMORE,	MARYLAND, WH	IERE PRONOL	JNCED DEAD	4. USUAL RESIDER	NCE (Where de	ceosed lived. If inst	itution: residenc	e before odmissi
	FUL	L NAME OF (IF N	NOT IN HOSPITA	L OR INSTITU	JTION, GIVE STREET		ryland	. 10 1.	BUBAL	
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4	1					D. STREET ADDRE		ive locotion) `		
	5. SE	V K BACE		Hospita		4012 Ma	in Ave.	0.465.0	Title	
	2. 36	6. RACE		WIDO WED,	NEVER MARRIED DIVORCED (specify)	B. DATE OF BIRTH		9. AGE (In years lost birthdoy)		r. If Under 24 H
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		during most of working life		108. KIND OF	BUSINESS OR INDUST	RY II. BIRTHPLACE IS	lote or foreign	country)	12. CITIZEN O	OF OUNTRY?
	1	Maintenance.		Railr	oad	Russ			Ist Pa	pers
	13. F	ATHER'S NAME				14. MOTHER'S MA	DEN NAME			
		Jacob K					Unk			
		no or unknown), (If yes,			16. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS	
		No			233 09 3313	Welter K	otts 11	2 S Ann Sta	reet.	
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		DISEASE OR C	ONDITION DIE	FOTIV					ON	SET AND DEAT
			ONDITION DIR	ECILI	Arteri	osclerotic	cardiov.	ascular di	sease	
		(This does not mean heart failure, asthenia	the mode of	dying, e.g., the disease,	DUE TO					
		injury or complication	which coused d	eoth.)					1000	
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	ATION	OTHER SIGNIFICANT	I CONDITIONS (ONTRIBITIO	NG.					
	문	TO THE DEATH	BUT NOT RELA	ATED TO T						
	ERTI	9A. DATE OF OPERATI			WHICH OPERATION	20A. AUTOPSY?	(Yes or No) 120	B. IF YES, WERE FIL	NDINGS CON	IDERED
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	7 2	A. EXTERNAL CAUSE	WAS	21 B.	PLACE OF INJURY (e.g.	in or obout 21C. Wh	HERE DID (IF	in Boltimore City, gi	ve exoct locati	on)
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The Dippel Brothers 1800 E Lombard St

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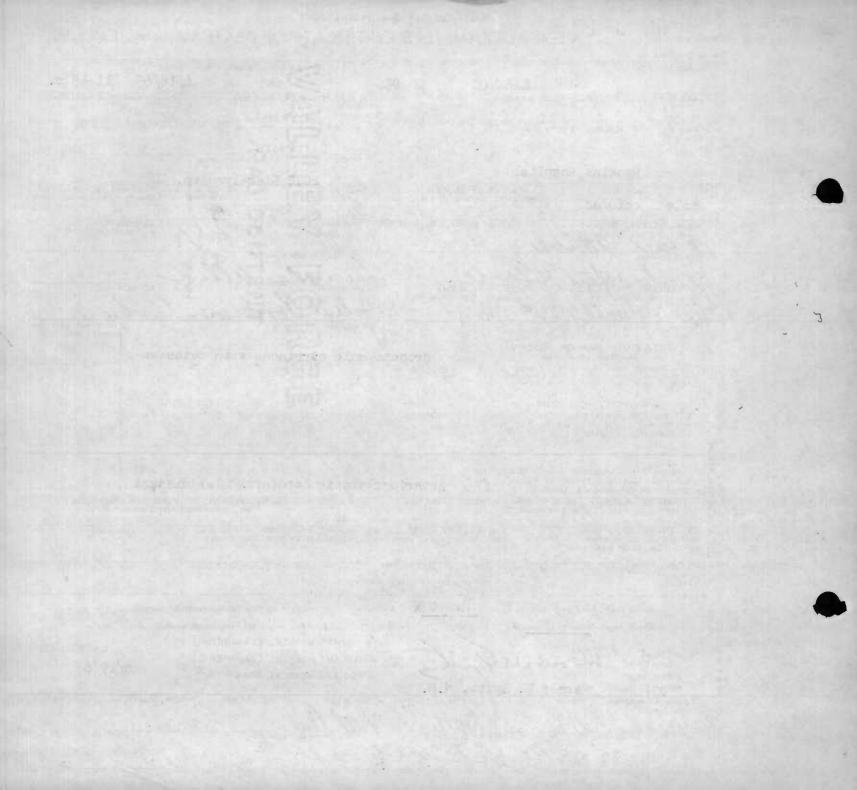
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1	65 6492 BALTIMORE CITY HEA	CE CAGO
9300	MEDICAL EXAMINER'S C	CERTIFICATE OF DEATH Registered No. 00 0432
	1. NAME OF DECEASED	2. DATE AND HOUR PRONOUNCED DEAD
	CLARENCE GOODE 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	M.
		A. USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmission) A. STATE B. COUNTY Maryland
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
	3	Baltimore D. STREET ADDRESS (If rurol, give locotion)
	Hopkins Hospital	2022 Llewelyn Ave.
	S. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify)	B. DATE OF BIRTH 9. AGE (In years lost birthday) 16 Under 1 Yr, If Under 24 Hrs. Months Doys Hours Min.
	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRI done during most of working life, even if retired)	
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	15. WAS DECEASED EVERIN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or doles of service) SECURITY NO.	17. INFORMANT ADDRESS
	Us world War	Julia Tordo 2022 Flevelyn are
	18. CAUS	E OF DEATH INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Bronch	nogenic carcinoma with metastases
	heart foilure, osthenio, etc. II means the disease.	
	injury or complication which coused death.	
	DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	
	RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
	TO THE DEATH BUT NOT RELATED TO THE Arterios	sclerotic cardiovascular disease
	19A, DATE OF OPERATION 19B, CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	in or about 21C. WHERE DID (If in Boltimore City, give exact location)
	21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
	(APPROX.) WHILE AT NOT	WHILE
	I certify that I held an Inquiry Inspection X Au	and that an this basis, death in my apinion
	resulted fram: Natural causes X Accident Suicio	
	ACTUAL MIPS O 10 G -	CHIEF MEDICAL EXAMINER DATE SIGNED
	SIGNATURE WAS MEDICAL MANAGEMENTS	ASSOCIATE MEDICAL EXAMINER (* 6/19/65
	NAME (Type) Werner U. Spitz, M.D. 23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY	or CREMATORY 23D. LOCATION (City, town; or county) (Stote)
	REMOVAL (Specify) JAMP 24/65 Battemore	Matt Com Butterery Med.
	JUN 22 1965 Robert E. Farkey M. R.	24C. FUNERAL DIRECTOR ADDRESS MINISTER & Electron 1129 M. Market
STORY DESCRIPTION	VS 151-REV. 1/1/65	Theren Courses 11 11. (Marie)



	8	proved by the chief medical examiner or his assistant if death occurred in a hospital and the hospital by a medical examiner. Also, if the direct or contributing cause of death of my nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased except where the physician who pronounced death was in regular attendance on the and (6) No physician was in regular attendance on the deceased prior to death. Such betained before the remains are embalmed or final disposition is made.
		hospital ise of d (5) Dece ance on death.
		ting caud cause; attend
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		eased to ident of hospital o death)
		was rel was rel A at a l prior to
		he body hows: (1 vas D.O. leceased
		This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death or shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

		BALTIMORE CI			65		
IRTH NO.	65 6493	CERTIFIC	ATE OF DEATH	Registered Na.	00	649	5
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Type or Print)	Fame. H	TENNINGS	6-	18-65		3:30	F
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			A. STATE B. COUI	NIY			
FULL NAME	OF (If not in hospital address or location	or institution, give street	MARYLAND				
INSTITUTION			C. CITY OR TOWN (If or	utside city limits, write	RURAL and giv	e township)	0
23 1	us' Hannana	Hanner	BALTIMORE			10-	
JOH	NS HOPKINS	HOSPITAL		rurol, give location)	CEDEE		
			812 North	CAROLINE	STREE	1	
SEX	6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthyday)	If Under 1 Manths! Day	r. If Under	24 Mi
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	f working life, even if retired)		1.		WHAT	COUNTRY?	
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3. FATHERS NA	ME /		14. MOTHER'S MAIDEN NA	11111			
HARRY	EMMETT		BAGBZ, MARY	1			
	d Ever in U. S. Armed For	ices? 16. SOCIAL	17. INFORMANT		AD	DRESS	
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1B. 79	62X1	CAUSE	OF DEATH	1		RVAL BETW	
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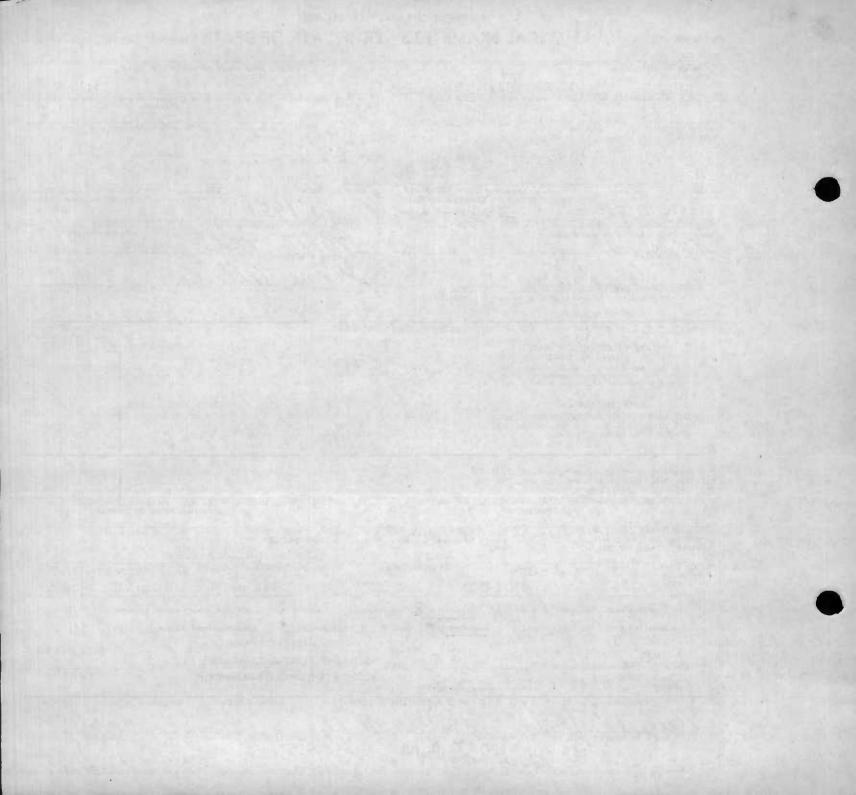
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BALTIMORE CITY HEALTH DEPARTMENT

CACAA

BIRTH NO.	MED	ICAL EX	CAMINER'S	CERTIFICA	ATE OF I	DEATH Registe	ered Na.
M.E. CASE NO.							
1. NAME OF DE	CEASED				2. DATE AN	D HOUR PRONOUNC	ED DEAD
	BRENT					0-65	3:10 P.
3. PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONOU	INCED DEAD	A. STATE		deceased lived. If inst B. COL	titution: residence before admissi JNTY
FULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITU	TION, GIVE STREET	Maryla:		e corporate limits, write	e RURAL and give township)
HOSPITAL OR	ADDRESS OR LOC	AIION				e corporore analis, with	
CTT.	JOSEPH'S HOS	ב דאיידסי	DOA	Baltim	Ore Oress (If rutol,	give leastes)	1-08
51.	JOSEPH S HOS	ETTYT -	DOA		naparte .		
5. SEX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BI		9. AGE (In years	If Under 1 Yr, If Under 24 H
Female	Colored	WIDOWED, T	DIVORCED (specify)	1/11	, 195	last birthdoy)	Manths Days Hours Mir
	UPATION (Give kind of wor	k 108, KIND OF	RUSINESS OR INDUS	TRY 11. BIRTHELAC	E (State or foreign		12. CITIZEN OF
	working life/even if retired)			1 42	not a	no	WHAT COUNTRY?
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Metro	end Isin			the	M1. /	700	
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(Yes, no or unknown	(If yes, give war or dat	es of service)	SECURITY NO.	BLL	. 11	in Gent	2. 16
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(This does	not mean the mode of	f dvina e.a.	DUE TO	epressed	SKULL IT	acture	
injury ar ca	mplication which caused	death.)					
	ANTECENDENT CAUS	ES					
DISEASES	OR CONDITIONS, IF	ANY, GIVING	DUE TO				
UNDERLYII	NG CONDITION LAST.						
Z			(C)				
OTHER SIG	II NIFICANT CONDITIONS	CONTRIBUTION	ıG				
O THE	DEATH BUT NOT RE	ELATED TO TI					
F	POPERATION 198, CON	NDITION FOR V	WHICH OPERATION	20A. AUTOF	SY? (Yes or No)		NDINGS CONSIDERED
0	WAS PE	REORMED		N	0	IN CERTIFYING CAU	SES OF DEATH?
	CAUSE WAS	21 8.	PLACE OF INJURY (e.g.	, in or obout 21C.	WHERE DID	(If in Boltimore City, gi	ve exoct location)
	ISE OF DEATH.	etc.)	Home			arte Avenue	9-08
Z 21D TIME	(Manth) (Doy) (Yes	13 : (1) (9µ1) 2	1E. INJURY OCCURRE	D 21F.	HOM DID INTI	JRY OCCUR? Fe 1	1 from 2nd floor
(APPROX.)	6 20 1-65	TOM W	HILE AT NO	T WHILE TE TO			railing gave wa
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resu	Ited fram: Natural co	uses A	coldent X Suic			Indetermined mann	er
ACTUA	. 111	VI I	0 W	CHIEF	MEDICAL EX	AMINER	DATE SIGNED
SIGNAT		Men	M.		MEDICAL EX		(01 (5
	Type) PETER W.	RIECKER'	T, M.D.	ASSOCIATE	MEDICAL E	KAMINER [X]	6-21-65
23A. BURIAL CRE	MATION, 238, DATE		C. NAME of CEMETER	or CREMATORY	23 D . L	OCATION (City	, town, or caunty) (State)
10110	100 10/24	1/6	Thuis S	Ditt Co.	un)	1/21/	1 med
24A. DATE REC'D	BY HEALTH DEPT.	24B. NAME	OF REGISTRAR	24C. FUN	ERAL DIRECTOR	- Juca	ADDRESS
11	IN 22 1965 (12 0 m fr 8	Farbey MA	m	1/- 9	- 4/1.6	a linging
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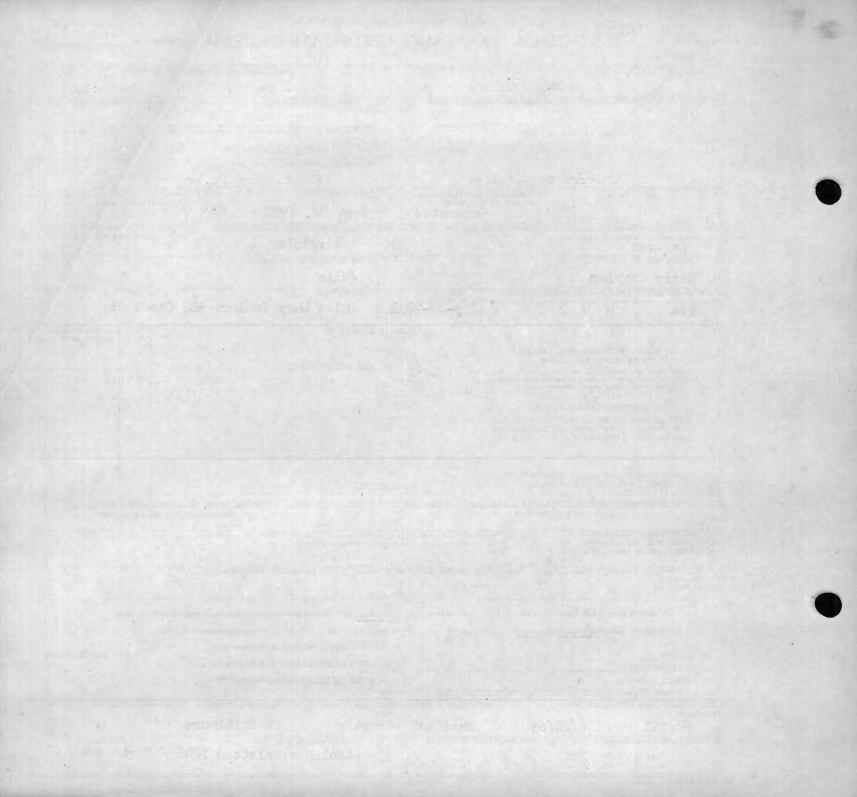
	BALTIMORE CIT	Y HEALTH DEPARTMENT	CE CACE
BIRTH NO. 65 6495	CERTIFICA	ATE OF DEATH Registered No.	65 6495
M.E. CASE NO.		2. DATE AND HOUR OF DEATH	A
Type or Print) JAINES JE	FFERSON	6/19/65	5 45
B. PLACE OF DEATH IN BALTIMORE, MARYLAN		4. USUAL RESIDENCE (Where deceased lived, If instit A, STATE B. COUNTY	ution: residence before admission
FILL NAME OF A 15 hand in boarded as inch	:sa:	1 .	15-03
FULL NAME OF (If not in hospitol or inst HOSPITAL OR oddress or location) INSTITUTION	itution, give street	C. CITY OR TOWN (If outside city limits, write RUS	RAL ond give township)
46 LUTHERAN HOS	PITAL	Bullo.	
T' LUIHERAN III.	21 11/1-	D. STREET ADDRESS (If rurol, give locotion)	
		1537 N. Benilou ST	
	MARRIED, NEVER MARRIED IDOWED, DIVORCED (specify)	7/15/02 9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs Anonths Doys Hours Min.
IOA, USUAL OCCUPATION (Give kind of work 10B, K done during most of working life, even if retired)	IND OF BUSINESS OR INDUSTR	Y 11, BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Chathalan		Marketen County Un.	N5A-
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	77 3 77
Mulenen		Une le manage	
5. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	ADDRESS
Yes, no or unknown) (If yes, give wor or dotes of s	ervice) SECURITY NO.	Chart	
18.	CAUSE	OF DEATH	INTERVAL BETWEEN
DISEASE OF CONDITION DIRECTL		REBRO VASCULAR ACCI-	
LEADING TO DEATH	(A)	DENT.	5 HOURS
(This does not mean the made of dying heart failure, asthenia, etc. It means the d	, e.g., DUE TO		
injury at camplication which caused death		YPERTENSION	YEARS
ANTECEDENT CAUSES	(B)	7161616161616	(7,16,7
DISEASES OR CONDITIONS, if any,	giving	RIETITU	
rise to the obove cause (A) statir UNDERLYING CONDITION last.	ig the (C)	000,11	***********************************
11			103
OTHER SIGNIFICANT CONDITIONS CONTR	IBUTING		100
TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	TO THE		
19A-DATE OF OPERATION 19B. CONDITION WAS PERFORME	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FIN IN CERTIFYING CAUSI	DINGS CONSIDERED ES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g.,	in or about 21 C. WHERE DID (If in Boltimore C	ity, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street,	office bldg., INJURY OCCUR?	
O 21D. TIME (Month) (Doy) (Year) (Hou	11) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
21 D. TIME (Month) (Doy) (Year) (House OF INJURY (APPROX.)	While At Not Wh	ile —	
	Work Al Work		110
22. I certify that (I) (this hospital) atte	6/13	6/19 19 65 10	6/19 19 65
that (I) (we) lost saw the deceased oli		19 65 ond that in(my) (our) opinion	on death occurred on the dat
and hour and from the couses stated ob	pove. (I) (We) (did not)		
23A. SIGNATURE OMCOME France	rudian M.D. A		B. DATE SIGNED
0000	M.D. Ph	ys. Director Phys.	6/17/65
23C. PHYSICIAN'S NAME (Type) OSCAR FETA	ENANDINI M.O	23D. ADDRESS LUTHERAN HOSPIT	AL
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY of C	REMATORY 24D. LOCATION (City,	town, or county) (State)
REMOVAL (Specify) IN 12 165	Wellertin me.	take aletin	ml.
25A. DATE REC'D BY HEALTH DEPT. 25B. P	NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
JUN 22 1965 P. C.	40 Z.A	march to flickers	29 n. Carling 5
VS 150-REV 1/1/65	J. C. Talkey M.	July, Lewison !	77 111 consult S



0100	BALTIMORE CITY I	ILALIII DEI AKIMEITI		ME DAGO
IRTH NO. 65 6496	CERTIFICAT	E OF DEATH	Registered Na	65 6496
N.E. CASE NO.	· Our	2. DATE AN	D HOUR OF DEATH	
Type or Print) Mrs MinNL	e Slevenson		6-19-6	5 7.20 p
PLACE OF DEATH IN BALTIMORE, MARYLAN	D -	4. USUAL RESIDENCE (When	e deceased lived, If insti	tution: residence before adhis:
FULL NAME OF (If not in hospital or insti		MD.		8006
HOSPITAL OR oddress or locotion) INSTITUTION	ionon, give sneer	C. CITY OR TOWN (If out	side city limits, write RU	RAL and give township)
		Batto 13		
Al LIM CLA	41.61	D. STREET ADDRESS (IF	rural, give location)	1
Mantebello Stale	· Moonetal	1620 No	Washing	sust.
SEX 6. RACE 7. MA	RRIED, NEVER MARRIED OQWED, DIVORCED (specify)		9. AGE (In years	If Under 1 Yr. If Under 24 Months: Doys Hours Mi
+ (M	4-15-1900	65	10010
A. USUAL OCCUPATION (Give kind of work 10B, K) The during most of working life, even if retired)	ND OF BUSINESS OR INDUSTRY	1. BIRTHPLACE (State or lorei	gn country)	12. CITIZEN OF WHAT COUNTRY?
	ausenrile	Windows	SC.	(1 6 4.
FATHERS NAME	1	4. MOTHER'S MAIDEN NA	AE :	N-2.V.
the to	4-1	Minaria	Carill	
. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL 1	7. INFORMANT	Simuch	ADDRESS
es, no ar unknown) (If yes, give war ar dates of se	SECURITY NO.	11	A-0 00 0	11 11
160		Mar	money ?.	Homitel
18. 260 X 1	CAUSE OF	DEATH	00.0	ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	\;	a Vieta M	allita a	
(This does not mean the made of dying,	e.g., (A) DUE TO	aveces ily	un us	******************************
heart failure, asthenia, etc. It means the di	sease,			100 - 100
ANTECEDENT CAUSES	(B)			
DISEASES OR CONDITIONS, if any,	DUE TO			
rise to the above cause (A) stating	giving (C)		2711	
UNDERLYING CONDITION last.				
	THE STATE OF THE S			
OTHER SIGNIFICANT CONDITIONS CONTRIL TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	O THE			
	FOR WHICH OPERATION	20 A. AUTSPSY? (Yes or No	208 IF YES WERE EIN	IDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMEN	D	No	IN CERTIFYING CAUS	ES OF DEATH?
21A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g., in	or about 21 C. WHERE DID	(If in Boltimore C	City, give exact location)
	home, form, factory, street, offic	e bldg INIIIPY OCCUP?		
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	etc.)	o siage, into ki occok.		
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	etc.)		IRY OCCUR?	
OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet) 21D. TIME (Month) (Doy) (Year) (Hour	etc.)	21F, HOW DID INJ	JRY OCCUR?	
OF CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D-TIME (Month) (Doy) (Year) (Hour OF INJURY (APPROX.)	21 E. INJURY OCCURRED While At Not White At Work	21F, HOW DID INJ	URY OCCUR?	
OF CONTRIBUTING CAUSE OF DEATH (notify medical examines) 21 D. TIME (Month) (Day) (Year) (Hour	21 E. INJURY OCCURRED While At Not White At Work Moded the deceased from	21F, HOW DID INJ	965 to	6-19-196
OF CONTRIBUTING CAUSE OF DEATH (notify medical examinet) 210-TIME (Month) (Doy) (Year) (Hour OF INJURY (APPROX.)	21 E. INJURY OCCURRED While At Not White At Work Moded the deceased from	21F, HOW DID INJ	965 to	6 - 1 9 - 19 6
OR CONTRIBUTING CAUSE OF DEATH (notify medical examines) 21D. TIME (Month) (Day) (Year) (House OF INJURY (APPROX.) 22. I certify that (1) (this hospital) atter	while At Not White At Work At Work At Work	21F. HOW DID INJ	965 to	6 - 19 - 19 6 un death accurred an the
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) (Hour OF INJURY (APPROX.) 22. I certify that (1) (this hospital) after that (1) (we) last saw the deceased aliv	while At Not White At Work At Work At Work	21F. HOW DID INJ	9 6 5 to	6 - 19 - 19 6 un death accurred an the
OR CONTRIBUTING CAUSE OF DEATH (notify medical examines) 210. TIME (Month) (Day) (Year) (Hour (APPROX.) 22. I certify that (1) (this hospital) atterthat (1) (we) last saw the deceased aliverand have and from the causes stated about	while At Not White At Work At Work and the deceased from Save. (1) (We) (did) (did nat) vie	21F. HOW DID INJ	y 65 to	3B. DATE SIGNED
OR CONTRIBUTING CAUSE OF DEATH (natify medical examines) 210. TIME (Month) (Doy) (Year) (Hour OF INJURY (APPROX.) 22. I certify that (1) (this hospital) after that (1) (we) last saw the deceased aliver and haur and from the causes stated about 23A. SIGNATURE	while At Not White At Work At	21F. HOW DID INJ	9 6 5 to	
OR CONTRIBUTING CAUSE OF DEATH (natify medical examines) 210. TIME (Month) (Doy) (Year) (Hour OF INJURY (APPROX.) 22. I certify that (1) (this hospital) atterthat (1) (we) last saw the deceased aliver and haur and fram the causes stated about 23A. SIGNATURE	while At Not White At Work At	21F. HOW DID INJ	y 65 to	3B. DATE SIGNED
OR CONTRIBUTING CAUSE OF DEATH (notify medical examines) 21D. TIME (Month) (Doy) (Year) (House OF INJURY (APPROX.) 22. I certify that (I) (this hospital) atterthat (I) (we) last saw the deceased alivery and haur and fram the causes stated about 23A. SIGNATURE 23C. PHYSICIANS NAME (Type) ORIANDO RAMO (A. BURIAL CREMATION, 124B. DATE	while At Not White At Work At Work At Work At Work M.D. Attended the deceased from M.D. Attended the Model (1) (We) (did) (did nat) view M.D. Attended the M	21F. HOW DID INJ	Stolf Phys. 2 Lelb S.	6-19-65 Host.
OR CONTRIBUTING CAUSE OF DEATH (natify medical examines) 210. TIME (Month) (Doy) (Year) (Hour OF INJURY (APPROX.) 22. I certify that (1) (this hospital) after that (1) (we) last saw the deceased alive and haur and from the causes stated about 23A. SIGNATURE 23C. PHYSICIAN NAME (Type) ORIANDO RAMO	while At Not White At Work Indeed the deceased from Save. (I) (We) (did) (did nat) vie	21F. HOW DID INJ	Stolf Phys. 2 Lelb S.	3B. DATE SIGNED
OR CONTRIBUTING CAUSE OF DEATH (notify medical examines) 21D. TIME (Month) (Doy) (Year) (House OF INJURY (APPROX.) 22. I certify that (I) (this hospital) atterthat (I) (we) last saw the deceased alivery and haur and fram the causes stated about 23A. SIGNATURE 23C. PHYSICIANS NAME (Type) ORIANDO RAMO 4A. BURIAL CREMATION, 24B. DATE (A) 1965 Aufuttu	while At Not White At Work At Work At Work At Work M.D. Attended the deceased from M.D. Attended the Model (1) (We) (did) (did nat) view M.D. Attended the M	21F. HOW DID INJ	Stolf Phys. 2 Lelb S.	38. DATE SIGNED 6-19-65 Host

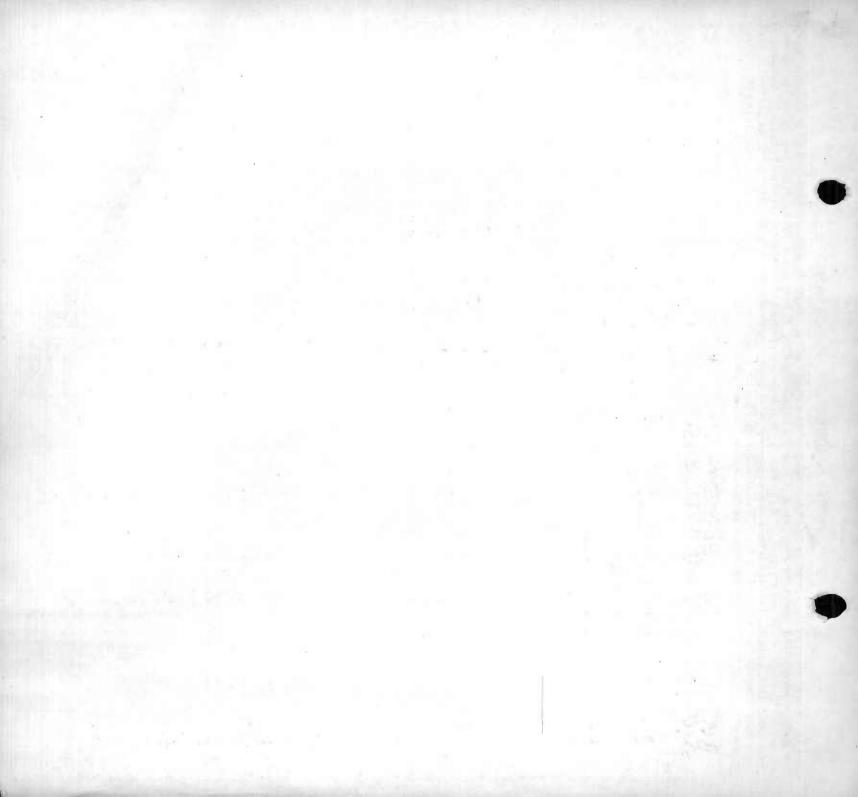
when the most of the 4 5 8 23 - 61 - 6 ALLEN TELEFORM LOCATION BUT THE 10 V (1.4) J

M.E. CASE NO. 1. NAME OF DECEASED (Type or Print) S.	2. DATE AND HOUR PRONOUNCED DEAD	=
ASHTON TAYLOR	June 16, 1965 4:25 p	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission A. STATE B. COUNTY	n)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give tawaship)	_
INSTITUTION	Baltimore 17-0/	1
University West 1	D. STREET ADDRESS (If rural, give lacotion)	
University Hospital 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	522 St. Mary St. B. DATE OF BIRTH 9. AGE (In years If Under Yr. If Under 24 Hr.	-
male colored widowed, Bivorced (specify)	Sept 22, 1922 43 Months Doys Hours Min.	
10A. USUAL OCCUPATION (Give kind of work) 0B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if refired)	WHAT COUNTRY?	
Laborer 13, FATHER'S NAME	Virginia	_
Henry Taylor	Julia	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 116. SOCIAL	17. INFORMANT ADDRESS	_
yes W 2 25-20-7911	Miss Lucy Taulor 503 Camel St	
7-7-7-7-7-7-9-9-9-9-9-9-9-9-9-9-9-9-9-9	OF DEATH INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Brone	hopneumonia	
(This daes not mean the mode of dying, e.g., heart failure, asthenio, etc. It means the disease, injury or complication which coused death.)	moprocedus 11,00	
ANTECENDENT CAUSES		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE		
UNDERLYING CONDITION LAST.		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		_
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE ACUTE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	ethylism	***
19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes Yes	
✓ 21A. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e.g., independent of the content of the conten	in or about 21C. WHERE DID (If in Baltimare City, give exact location) office bldg., INJURY OCCUR?	
21D TIME (Manth) (Doy) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	_
(APPROX.) WHILE AT NOT WORK AT W	WHILE ORK	
I certify that I held an Inquiry Inspection Aut		
resulted from: Notice al causes X Accident Suicide		
11/10	CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINE	
ACTUAL /// XIONT		
SIGNATURE M.D.		
	ASSOCIATE MEDICAL EXAMINER	



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	rior		
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Lega	ath); and (6) No physician was in regular attendance on the deceased prior to death. Such	st be obtained before the remains are embalmed or final disposition is made.	
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3	dec	WI	

	BALTIMORE CITY	HEALTH DEPARTMENT		65 6458
IRTH NO. 65 6498 A.E. CASE NO.	CERTIFICA	TE OF DEATH	Registered No.	00 023
NAME OF DECEASED	b	2. DATE AN	D HOUR OF DEATH	4 5
Type or Print)	JOHES		6 21 65	5 43 A
PLACE OF DEATH IN BALTIMORE, MARYLAN		4. USUAL RESIDENCE (Where A. STATE B. COUN	e deceosed lived. If i	nstitution: residence before admissio
FULL NAME OF (If not in hospital or inst HOSPITAL DR oddress or location)	itution, give street	C. CITY OR TOWN (If out		18-00
INSTITUTION	11	C. CITY OR TOWN (If out	side city limits, write	RURAL and give township)
Q DIVERSITY	HOSPITAL	DALTIMOR		
30 BALTIMORE	Ma	D. STREET ADDRESS (If	rurol, give location)	
,		1211 W	PAYETTE	5 7
	ARRIED, NEVER MARRIED DOWED, DIVORCED (specify)		9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
M N "	More of the specify	3/18/2	4.9.	74111
OA. USUAL OCCUPATION (Give kind of work 108, K	IND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or forei		12. CITIZEN OF
one during most of working life, even if retired)	at 1 m.11	1		WHAT COUNTRY?
LABORSK	3700/ /11/	VA		USA
3. FATHER'S NAME		14. MOTHERS MAIDEN NAM	AE	
SINGA		MARIA	Bell	
5. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
(es, no or unknown) (If yes, give wor or dotes of s	ervice) SECURITY NO.	D		
NO	220-03-1320	TT		
1B.	CAUSE O	DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	r			ONSET AND DEATH
LEADING TO DEATH	6		va. Tan.	
(This does not mean the mode of dying	, e.g., DUE TD			
heart failure, asthenia, etc. It means the d	iseose,			
injury or complication which coused death		2	1	
ANTECEDENT CAUSES	(B)	· Cacca Gas	176422	
DISEASES OR CONDITIONS, if any,				The second second second
rise to the above couse (A) slotin	g lhe (C)	waawa oo ko oo oo a oo a oo oo oo oo oo oo oo oo o		
UNDERLYING CONDITION lost.				
DTHER SIGNIFICANT CONDITIONS CONTR TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.				
		100 A A 11 = 2 = 2 (V - N -	208 15 255	
19A-DATE OF OPERATION 19B. CONDITION WAS PERFORME	N FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No		FINDINGS CONSIDERED AUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING	21 B, PLACE OF INJURY (e.g., in	ar about 21 C WHERE DID	(If in Rollima	re City, give exact location)
OR CONTRIBUTING CAUSE OF CEATH (notify medical examiner)	home, form, foctory, street, of	fice bldg., INJURY OCCUR?	th in bollino	ie City, give exoct loconom
Ω 21 D. TIME (Month) (Doy) (Year) (Hou	1) 21E INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
S OF INJURY	While At Not While	e		
(A PPROX.)	Work At Work			THE VIVE HER THE
22. I certify that (I) (this hospital) atte	inded the deceased from	6117	9 65 ta	6/21 19 45
that (I) (we) last saw the deceased ali-	/ 1.		,	inian death occurred an the c
			21 .11(111y) (Joor) ap	death occurred an the (
and hour and from the causes stated ab	pave. (1) (%e) (dld) (did not) v	iew the bady after death.		
23A. SIGNATURE	^			23B DATE SIGNED
Al Aldan	M.D. Atte	nding Med. Director	Staff Phys.	6/21/65
23C.PHYSICIAN'S		23D. ADDRESS	· 11, 20 Gen	1-1-1
NAME (Type)			()	
CHAS H. HEPL	M.D.	· WINDRS IT	y Hosp	ITAL
4A. BURIAL CREMATION, 248. DATE	24C. NAME OF CEMETERY OF CRE	MATORY 24D. LO		city, town, or county) (State
PREMOVAL (Specify) / bo 10/10	- Months Dinal	Almalan	20001-1	Tara Va
SMY 1960 (0/25/1960	CHIVIL CREEK	murch com ; V	MUCKSI	one ru-
	NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	111	ADDRESS
JUN 22 1965 P.O.	FE Janke Mill	Kallams Yru	10s N/ How	1 319 91 XABIRNA
S 150-REV. 1/1/65		(1)	The Time	The second second



	PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF (If not in hospital or institution, give street	JUNE 18, 1965 4. USUAL RESIDENCE (Where deceased lived. If institution and state B. COUNTY M.D. AJNE AROND	on: residence before
13	HOSPITAL OR NOTITUTION Oddress or locotion) VNIVERSITY HOSPITAL	C. CITY OR TOWN (If outside city limits, write RURAL BURNIE	
5.			orly dec
	WIDOWED, DIVORCED (specify) USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTR	5-12-93 lost birthdoy 72 Mor	Under 1 Yr. If Unoths Doys Hours
don	e during most of working life, even if retired) FATHER'S NAME	Here Burne Mel	WHAT COUNTRY?
13.	Was Deceased Ever if U. S. Armed Forces? 16. SOCIAL	Sarah Jaether	ADDRESS
(Ye	s, no or unknown) (If yes, give wor or doles of service) SECURITY NO.	muline Surve	
	DISEASE OR CONDITION DIRECTLY	RAIN STEM INFARCTION	ONSET AND
	heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)	Y PERTENSION	>2 4€
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise Ia lhe above couse (A) stating the UNDERLYING CONDITION lost.	//c/c/e/e//do/	
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
ERTIFIC,	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDIN CERTIFYING CAUSES	NGS CONSIDERED OF DEATH?
CALC	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., bome, lorm, loctory, street, etc.)	in or obout 21 C. WHERE DID (II in Boltimore City, office bldg., INJURY OCCUR?	, give exoct locotio
MEDI	21 D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED White At Not White At Work At Work		
	22. I certify that (6 (this haspital) attended the deceased fram 11 from 6 18 19 6 to 6 19 6 18 19 that (1) (18) last sow the deceased alive on 6 18 19 6 and that in(my) (18) apinion death accurred on and have and fram the causes stated above. (1) (18 (did) (did not) view the body after death.		
	Herbert a. Kishan M.D. A.		DATE SIGNED
	23C. PHYSICIANS NAME (Type) HERBERT A. KUS HOUTER M.D	010106163111 14031	NAC
24/	A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of C	REMATORY 24D LOCATION (City, to	wn, or county)
25/	DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C FUNERAL DIRECTOR	ADDRESS

62

BALTIMORE CITY HEALTH DEPARTMENT

55 81-51-7 Brian STEP INFESTER ! HYPOCHENSON TO YOURS 5 mil 2 my 2 18 xilo How to Julian & charles HELDERT A KUSHMER UNIVERSITY MESTERL

VS 150-REV. 1/1/65

Lordon Thomahoge 19ho The property of the many goods RESTER A WALL JK. 1034 At Vall alk 2000